Alberta
HEALTH AND WELLNESS

Health Costing in Alberta

2003 Annual Report

Health Funding and Costing Branch
Alberta Health & Wellness

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Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

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Table of Contents

Frequently Used Acronyms ____ inside front cover

Introduction ____ 1

- Alberta's Costing Partnership ____ 2
- Contributors to 2001/2002 Cost Development ____ 3
- Processes for 2001/2002 Cost Development ____ 5
- Data Flows ____ 6

Data Collection Processes ____ 7

- Activity Data ____ 7
- Cost Data ____ 7

Cost Data Processes ____ 8

- Trimming Data ____ 9

Grouping of Data ____ 9

- CMG Grouper ____ 9
- ACCS Grouper ____ 11
- Grouping Results ____ 11

Data Top Up ____ 12

Contribution to National Resource Intensity Weights ____ 13

Conclusion ____ 14

Appendix ____ 17

- Cost Weight Development ____ 17

Definitions ____ 21

Schedules ____ 23

- Inpatient Schedules
  - Schedule 1 - Inpatient Cost Results ____ 23
  - Schedule 2 - Inpatient Yearly Comparisons ____ 92
  - Schedule 3 - Inpatient Statistical Background ____ 162
  - Schedule 4 - Inpatient Top-Up by Source ____ 232
- Ambulatory Care Schedules
  - Schedule 5 - Ambulatory Care Cost Results ____ 239
  - Schedule 6 - Ambulatory Care Yearly Comparisons ____ 253
  - Schedule 7 - Ambulatory Care Statistical Background ____ 267
  - Schedule 8 - Ambulatory Care Low Volume Cells ____ 281

Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the fifth consecutive year. The partnership consists of six costing regions along with the department of Alberta Health and Wellness.

The 2003 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2001 and March 31, 2002. Cost data is blended with the prior year costs to smooth out the large cost fluctuations that are inherent in health care service provision. Cases are grouped by linking to activity data to provide appropriate summary information.

The process of costing health services in Alberta is evolving, as is the reporting of costs. Once again the inpatient costs are reported by Case Mix Groups (CMGs). Since this format enhances age and complexity level reporting for case mix groups, readers can better grasp the role that complexity and age have on health care costs. The ambulatory care costs are reported by Ambulatory Care Classification System (ACCS).

The 2003 cost schedules were designed to meet the needs of various users. Direct and indirect cost components are provided in schedules 1 and 5. Schedules 2 and 6 provide information on cost trends and schedules 3,4,7 and 8 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 21.

As costing processes improve and more information becomes available, additional component details will be included in future reports.

The major driver behind health costing in Alberta continues to be its use in the calculation of each health region's global funding. The capitation rates (for ambulatory care) and Province Wide Services funding are based on Alberta costs. The cost weights for inpatient and import/export valuation are based on the Canadian Institute for Health Information's (CIHI's) Resource Intensity Weight (RIW), which includes Alberta data. In addition to funding purposes, the use of cost information in other areas of the department and within the regions is becoming more common as users learn more about this information.

It should be noted that the cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only three health authorities for 15 different sites. The costs from these sites reflect 55 percent of the provincial level of hospital-based inpatient activity (separations) and 25 percent of the ambulatory care activity (visits). Although the data submitted have gone

through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

In 2002, a Costing of Output Steering Committee was formed with Alberta's health authorities and department membership to guide an orderly development of approaches, methodologies and standards relating to the reporting of cost of outputs information. Among its responsibilities, the group is to leverage on research, studies and experiences in the province and across Canada. It is expected that the work of the Alberta Costing Partnership will be a cornerstone on which the Costing of Output Steering Committee will build.

Beginning in 2003/2004, Alberta Health and Wellness plans to enter into multi year performance agreements with all health regions. These agreements will list expectations, key performance measures, and targets to be met by the regions. One element of performance to be measured is the information on the cost of services. The nature and extent of cost reporting will be determined in future agreements.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities, major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health funding and costing branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with six regional health authorities (RHAs) who utilized a common costing framework to generate patient-specific case costs. The six regions were[1]:

- Chinook Regional Health Authority,
- Calgary Health Region,
- David Thompson Regional Health Authority,
- Crossroads Regional Health Authority,
- Capital Health Authority, and
- Mistahia Regional Health Authority.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region

[1] On April 1, 2003 a significant restructuring of health regions took effect in Alberta. There are currently nine regions, replacing the 17 regions in operation in 2001/2002.

on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

One of the major responsibilities of the team is to participate in the costing round table review of the provincial cost results. The participants review the statistical analysis. They also compare costs among the contributing regions and from prior years. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2001/2002 Cost Development

Although six RHAs participated in the Alberta Costing Partnership, three regions were not able to submit 2001/2002 cost data -- Chinook Regional Health Authority, David Thompson Regional Health Authority and Mistahia Regional Health Authority.

Cost data collected for 2001/2002 continued to focus on inpatient and ambulatory care services. In total, cost data submitted by the regions for inpatient services totaled over 185,000 patient records and over 1.5 million costed visits for ambulatory care.

The availability of multiple years of cost data has improved the robustness and stability of both the inpatient and ambulatory care data sets. Alberta's continued success has been possible as a result of the commitment of the regional health authorities and the Ministry to continue to collect and produce reliable cost data.

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%

Cost data was provided from 15 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

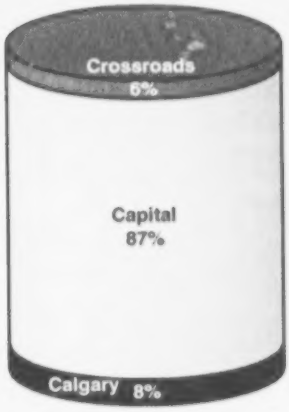
The costs for ambulatory care cases are not reported where there are no systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2001/2002 fiscal year.

2001/2002 Cost Data by Region/Facility

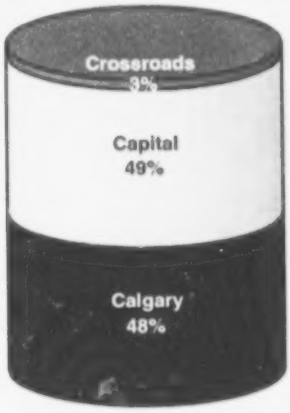
Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Calgary	AB Children's	Yes	Yes	Yes	No	No	No
	Foothills	Yes	No	No	No	No	No
	Rockyview	Yes	No	Yes	Yes	No	No
	Peter Lougheed	Yes	No	No	No	Yes	No
Capital	Glenrose	Yes	No	Yes	Yes	Yes	Yes
	Misericordia	Yes	No	Yes	Yes	Yes	Yes
	Grey Nun's	Yes	No	Yes	Yes	Yes	Yes
	Royal Alexandra	Yes	No	Yes	Yes	Yes	Yes
	U of A	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc	Yes	No	Yes	Yes	Yes	Yes
	Sturgeon	Yes	No	Yes	Yes	Yes	Yes
Chinook	No cost data supplied for 2001/2002						
Crossroads	Breton	Yes	No	No	Yes	Yes	Yes
	Drayton Valley	Yes	Yes	Yes	Yes	Yes	Yes
	Wetaskiwin	Yes	Yes	Yes	Yes	Yes	Yes
	Crossroads Non-Hospital	No	No	Yes	No	No	Yes
David Thompson	No cost data supplied for 2001/2002						
Mistahia	No cost data supplied for 2001/2002						

The following charts show the number of costed records received from each region (shown as percentages). The Capital Health Authority currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, the Calgary Health Region and Capital Health Authority provide similar amounts of data.

Ambulatory Care Records



Inpatient Records



Processes for 2001/2002 Cost Development

For the most part, the same processes were utilized as in prior years. For both inpatient and ambulatory care, two years of cost data were blended (2001/2002 and 2000/2001 data). If cells needed to be topped up, cost records were first taken from the 1999/2000 data, next the 1998/1999 data and then the 1997/1998 data. This decision was made in order to increase the size of the database, which reduced the number of low-volume cells, as well as improved the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

Fiscal Year of Cost Data	Inflation Rate Applied
2000/2001	7.9%
1999/2000	4.9%
1998/1999	2.7%
1997/1998	3.0%

A number of known issues with some of the historical data caused the following records to be excluded from being used as top-up cases.

- Bone marrow transplant cases – Due to the advent in 1998/1999 of systems that allowed more accurate tracking of patient-specific drug costs within this area, it was felt that the 1997/1998 cost data did not correctly represent the costs for these types of visits. Therefore, the 1997/1998 records were not used as top-up cases.
- Percutaneous transluminal coronary angioplasty (PTCA) cases – A number of these procedures were done on an outpatient basis at one facility while the service recipient was a registered inpatient at a second facility. Since the cost of the outpatient procedure was not captured as part of the inpatient stay, these records were felt to be under-valued.

The data submitted was edited for reasonability. The following list describes the type of edit checks used:

- ambulatory care
  - exclude any visits with a cost less than $5.00
  - exclude any visits which did not include allocated overhead costs
- inpatient
  - exclude any visits with a case cost of less than $200.00 if the length of stay is not one day or less
  - exclude any cases without nursing costs
  - exclude any visits with a cost per day less than $100.00
  - exclude any visits which did not include allocated overhead costs
  - exclude any visits beyond the trim point

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs is forwarded to the health funding and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient-specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the key users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the average case costs are used in

the funding formula. Likewise, funding for Province Wide Services uses the average costs from the inpatient data.

CIHI is another key user of the costing results. The final set of cost data is sent to CIHI to be combined with cost data from Ontario to develop new RIWs by Case Mix Groups (CMGs). The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Within the regions, cost data is used for purposes such as rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient-specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service. For example, the ambulatory care activity data includes:

- patient demographics (birthdate, personal health number, gender, etc.),
- procedure/diagnosis codes,
- service date,
- service location,
- MIS primary,
- patient disposition, and
- provider type (optional).

Ambulatory care activity data is sent directly to Alberta Health and Wellness through H-Link and is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data is collected and submitted to CIHI (Discharge Abstract Database) and then forwarded to Alberta Health and Wellness. Modifications are made to some records and then the file is re-grouped internally using the CMG grouper.

Cost Data

The costing regions provide patient-specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the

two processes, in keeping with the overall costing framework. Cost data from the regions is submitted directly to Alberta Health and Wellness.

Although the data is submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
   - patient specific drug costs
   - patient specific supply costs

   These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other patient specific cost data
   - Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
   - Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
   - Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations are excluded.

Cost Data Processes

The data from the cost data files is initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Trimming of inpatient cases in Alberta is based on the length of stay of the past three years of Alberta inpatient discharges. A trim point is determined for each cell and any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

(length of stay of third quartile) + (2 * (third quartile – first quartile))

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and costing branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System or ACCS is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- most responsible diagnosis,

- weight (for neonates),
- presence or absence of operating room procedures,
- surgical hierarchy/medical hierarchy, and
- diagnosis types 1, 2, W, X, and Y.

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- major clinical categories/case mix groups,
- pre-admission comorbidity (type 1 diagnosis),
- post-admission comorbidity (type 2 diagnosis),
- service transfer diagnosis (type W, X, or Y diagnosis)
- comorbidity grades,
- number of body systems involved, and
- number of "complex" comordities.

The complexity levels are as follows:

Plx 1 – no complexity,
Plx 2 – complexity related to chronic conditions,
Plx 3 – complexity related to serious/important conditions,
Plx 4 – complexity related to potentially life-threatening conditions, and
Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

1 – 0 to 17 years old,
2 – 18 to 69 years old, and
3 – 70 plus years old.

There are 477 CMG codes and 1587 Plx groups. When the age overlay is applied to these Plx groups, the result is 4759 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The 2001/2002 inpatient data was classified using CMG2001. In addition, to obtain a common base for blending the two years of cost data, the 2000/2001 inpatient data was regrouped with this version of the grouper. Furthermore, all sources of top-up (historical Alberta costs from 1999/2000, 1998/1999, and 1997/1998) were also regrouped using the latest version of the CMG grouper. When data from the two years were combined and after

topping up those groups where activity existed in the morbidity file, there remained a few Plx groups for which a relative value was not derived. A relative value was calculated for all CMG groups.

When the Alberta Costing Partnership began in 1997/1998, the Refined Diagnosis Related Groups (RDRG) grouper was used to group the activity data. Therefore, costing results from 1997/1998 to 1999/2000 are based on these groups, instead of CMGs.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consists of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 423 groups. With the combined data set (2001/2002 and 2000/2001 cost data, plus top-up cases from 1999/2000, 1998/1999 or 1997/1998), only five groups had no cost data reported, leaving a total of 418 groups populated to some degree.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD9-CM codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and costing branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top Up

The availability of five years of consistent cost data resulted in a much more extensive data set upon which to base average costs and also a reduced requirement to rely upon other jurisdictions' data for top-up. Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. As in previous years, no attempt was made to top-up any cells for which no cases had been reported within the province.

Determining the top-up threshold is somewhat a subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

For inpatient case costing, there were a number of sources of top-up data available. As part of a bi-lateral agreement Alberta Health and Wellness entered into with the Ministry of Health and Long-Term Care in Ontario, access to data collected through the Ontario Case Costing Project (OCCP) was available for this purpose. In addition, Maryland cost data had also been purchased for this purpose.

Unfortunately, the data from these other jurisdictions is now outdated and had been grouped to RDRG rather than a CMG format. Consequently, the Costing Function Team decided to no longer use Ontario and Maryland data as top-up.

Therefore, for this year's cycle, the first source of inpatient top-up was the historical Alberta 1999/2000 cost data, followed by the 1998/1999 data, and then the 1997/1998 Alberta data. All CMG codes that were short of data (fewer than five cost records) were appropriately topped up by applying this method.

On the other hand, there were seven Plx groups that still did not have five cases. No further cases were added to determine an average cost. However, system wide relative values (SWRVs) were estimated for these Plx groups based on related Plx groups.

Since external sources of cost data do not exist for ambulatory care, the process for topping up low volume ACCS cells was of necessity somewhat different. After determining which cells would require top-up (based on the fewer than five standard), a two-step approach was used.

Firstly, records from the 1999/2000, 1998/1999 and/or 1997/1998 Alberta cost data were used to top-up cells with fewer than five records. Then, if there were four or fewer costed records for a cell, it was agreed that the average cost of the available records would be the value used. Those cells for which activity had been reported, but had zero costed cases represented

another challenge. Based on the Costing Function Team recommendation, the overall average cost was considered as a reliable estimate for these remaining cells.[2]

Detailed information on top-up sources and low volume cells can be found in schedules 4 and 8 for inpatient and ambulatory care respectively.

Contribution to National Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page[3]

> "The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient-specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".
>
> "Uses
> - translating case mix data into cost data
> - determining unit costs for atypical cases
> - identifying priorities by CMG for utilization management
> - planning new programs
> - evaluating program efficiency"

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2001/2002 for inpatient and ambulatory care will also be provided to CIHI.

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

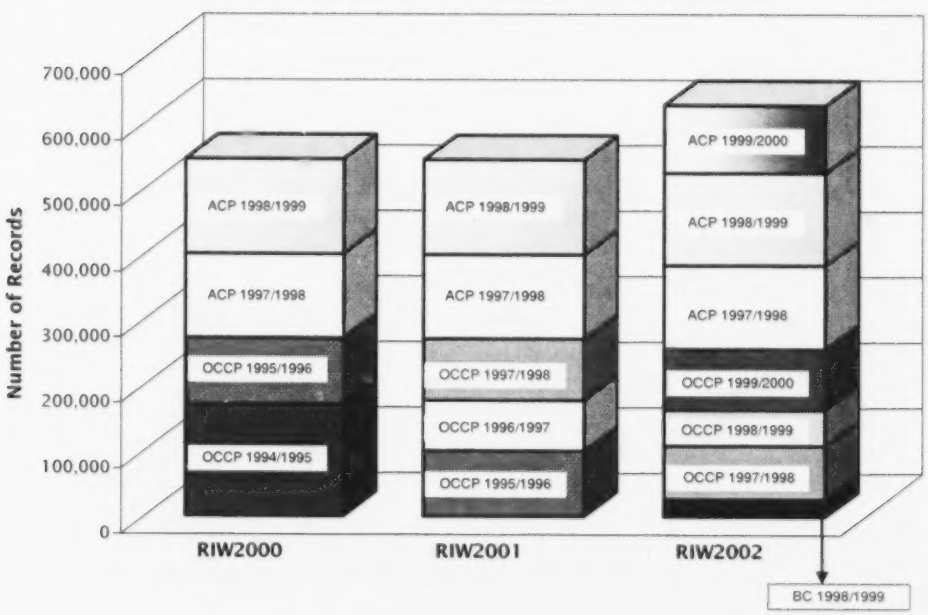
- the methodology for capturing cost data must be documented,
- sufficient data volume must exist,
- supply of data should be available on a timely basis, and
- data must be statistically valid.

[2] Note these estimated costs were based on discussions at the last roundtable, which were not based on final costs.
[3] RIW™ and Expected Length of Stay Methodology at http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e as at May 15, 2003.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada.

Every year the set of data utilized to develop the RIWs changes as both Alberta and Ontario continue to send updated records from more recent years. Also, RIW2002 includes data from British Columbia for the first time.

Comparing Data Utilized by CIHI in Developing RIWs



Conclusion

In its fifth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attests to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many, many hours of effort, an achievement of which all participants can be proud.

The health funding and costing branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or PIx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

		Hospital A		Hospital B		Province-Wide	
ACCS #	Description	Cases	Average Cost $	Cases	Average Cost $	Cases	Average Cost $ (wtd avg.)
26	Hernia	2	$300.00	6	$450.00	8	$412.50
62	Hemodialysis	5	$200.00	10	$300.00	15	$266.67
1009	Sprains	9	$100.00	16	$150.00	25	$132.00
	Total Hospital	16	$156.25	32	$253.13	48	$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

ACCS #	Description	Hospital A		
		Cases	Average Cost $	Hospital Specific Relative Value (HSRV)
26	Hernia	2	$300.00	$300/$156.25=**1.92**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**
	Total Hospital	16	$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

ACCS #	Description	Hospital A			Province-Wide
		Cases	Average Cost $	Hospital Specific Relative Value (HSRV)	Initial System-Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	$300.00	$300/$156.25=**1.92**	(1.92*2/8)+(1.78*6/8)=**1.8133**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**	(1.28*5/15)+(1.19*10/15)=**1.2168**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**	(0.64*9/25)+(0.59*16/25)=**0.6097**
	Total Hospital	16	$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting

values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = 15.1976/16 = **0.9498**

		Hospital A			
ACCS #	Description	Cases	Average Cost $	Initial System-Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	$300.00	1.8133*2=**3.6267**	1.92*0.9498=**1.8237**
62	Hemodialysis	5	$200.00	1.2168*5=**6.0840**	1.28*0.9498=**1.2158**
1009	Sprains	9	$100.00	0.6097*9=**5.4869**	0.64*0.9498=**0.6079**
	Total Hospital	16	$156.25	Total = **15.1976**	

Notes:

- Cases in Hosp A adjusted using average system wide relative values.
- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 percent.

The final results of the HSRV process for the 2001/2002 inpatient and ambulatory care cost data are outlined in schedules 1 and 4. In these two schedules the results in the "blended" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

It should be noted, however, that while relative values were calculated for ambulatory care, they were not used in the funding calculations because the data was incomplete. Because of the partial reliance on the fee-for-service (FFS) claims file as a proxy for missing ambulatory care data, average case costs were used rather than relative values.

Definitions

Activity Total number of cases in Alberta in 2001/2002 reported by all facilities providing health services (schedules 3 and 7).

Average Cost Average of the costs of blended data, unless otherwise noted.

Average LOS Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.

Blended Results based on cost records from 2001/2002 and 2000/2001, as well as all top-up records (except for the average LOS in schedule 2, which does not include top-up records).

Coefficient of Variation Measures the spread of the cost data (based on the blended set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.

Cost per Day Total costs divided by total length of stay from blended cases.

Costed Cases Includes the number of blended cases that have been costed, unless otherwise indicated. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).

Direct Cost Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.

Indirect Cost Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.

Low Volume Cells that have five or fewer costed cases.

Manual Top-Up A proxy case used to provide an estimated or derived cost when no cases were costed.

Plx Level Complexity level (see page 10).

Standard Deviation Measures the variability or distribution of the cost data (based on the blended set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.

SWRV System wide relative value (see Appendix).

Trim Point The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2000/2001 results are based only on that year's cost data, appropriately inflated as indicated on page 5. 2001/2002 results are based only on actual 2001/2002 cost records submitted.

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.9	10,461	3,581	14,042	1,787	1,908
001		Plx1	6.1	8,066	2,838	10,904	1,798	1,319
001		Plx2	9.1	10,735	3,626	14,360	1,574	240
001		Plx3	13.2	14,946	5,041	19,987	1,514	148
001		Plx4	22.1	29,645	9,625	39,270	1,776	262
003	PWS - Spinal Procedures		5.9	6,697	2,476	9,173	1,566	295
003		Plx1	4.4	5,448	2,076	7,525	1,712	236
003		Plx2	10.8	10,689	4,090	14,778	1,365	29
003		Plx3	13.3	13,746	4,079	17,825	1,337	12
003		Plx4	26.7	27,706	9,518	37,225	1,392	19
004	PWS - Extracranial Vascular Procedures		3.5	4,253	1,587	5,840	1,652	630
004		Plx1	2.7	3,650	1,436	5,086	1,868	507
004		Plx2	5.5	5,553	1,897	7,450	1,348	40
004		Plx3	9.4	8,474	2,898	11,372	1,212	47
004		Plx4	12.3	12,021	3,654	15,675	1,275	27
005	PWS - Ventricular Shunt Revision		2.6	4,316	1,336	5,651	2,198	224
005		Plx1	2.2	3,853	1,204	5,057	2,273	200
005		Plx2	3.6	5,608	1,808	7,416	2,060	10
005		Plx3	3.4	6,170	2,092	8,261	2,430	5
005		Plx4	10.0	18,970	5,651	24,621	2,462	5
006	Carpal Tunnel Release And Specified Nervous System Procedures		3.2	3,947	1,467	5,413	1,712	129
006		Plx1	2.5	3,533	1,365	4,897	1,976	113
006		Plx2	5.2	4,286	1,539	5,824	1,120	5
006		Plx3	8.8	10,943	3,664	14,607	1,660	5
006		Plx4	35.0	27,260	8,591	35,852	1,024	10
007	Peripheral, Cranial Nerve And Other Neurological Procedures		6.3	5,482	1,744	7,226	1,149	115
007		Plx1	3.6	4,039	1,315	5,355	1,479	87
007		Plx2	15.3	7,495	2,612	10,107	662	15
007		Plx3	12.7	9,970	2,881	12,851	1,015	6
007		Plx4	39.7	35,658	10,281	45,939	1,156	11

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
010	Neoplasm Of Nervous System		8.9	5,027	1,755	6,782	762	431
010		Plx1	6.8	3,932	1,353	5,284	782	274
010		Plx2	11.1	6,071	2,212	8,283	747	72
010		Plx3	11.4	6,630	2,260	8,890	780	47
010		Plx4	16.5	8,999	3,143	12,142	738	35
011	Degenerative Nervous Disorders		16.0	6,900	2,666	9,565	600	340
011		Plx1	12.9	5,034	1,947	6,981	543	228
011		Plx2	21.7	8,710	3,316	12,026	555	44
011		Plx3	24.5	9,684	3,621	13,305	544	42
011		Plx4	33.0	20,140	7,314	27,454	833	29
012	Multiple Sclerosis And Cerebellar Disorders		7.7	4,118	1,442	5,560	725	194
012		Plx1	5.9	3,105	1,046	4,151	708	156
012		Plx2	19.7	8,421	3,201	11,621	590	24
012		Plx3	29.6	11,444	4,029	15,473	523	12
012		Plx4	23.9	21,592	7,334	28,926	1,211	9
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		9.8	5,629	2,025	7,654	778	2,929
013		Plx1	7.0	3,817	1,396	5,213	748	1,651
013		Plx2	13.2	7,028	2,622	9,650	730	501
013		Plx3	14.4	7,754	2,736	10,490	729	474
013		Plx4	20.7	13,438	4,724	18,162	876	346
014	Transient Ischemic Attacks And Precerebral Occlusions		5.0	3,015	943	3,958	797	843
014		Plx1	4.2	2,492	776	3,268	777	653
014		Plx2	7.3	4,257	1,377	5,634	775	106
014		Plx3	10.7	6,546	2,114	8,660	806	69
014		Plx4	19.0	10,925	3,810	14,735	774	36
015	Nonspecific Cerebrovascular Disorders		8.1	5,548	1,979	7,526	934	108
015		Plx1	6.0	4,136	1,294	5,430	912	65
015		Plx2	8.5	4,117	1,608	5,725	671	17
015		Plx3	9.1	5,263	1,618	6,881	758	13
015		Plx4	20.9	19,865	8,717	28,582	1,366	14

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
017	**Cranial And Peripheral Nerve Diseases**		**7.7**	**4,054**	**1,380**	**5,434**	**706**	**318**
017		Plx1	6.1	3,175	1,074	4,249	701	245
017		**Plx2**	**11.8**	**5,872**	**2,119**	**7,991**	**675**	**36**
017		Plx3	15.1	7,077	2,522	9,599	636	21
017		**Plx4**	**26.9**	**18,366**	**6,220**	**24,586**	**916**	**20**
018	**Viral Meningitis**		**2.9**	**1,533**	**532**	**2,065**	**702**	**167**
018		**Plx1**	**2.9**	**1,470**	**516**	**1,987**	**683**	**156**
018		Plx2	10.1	5,474	1,835	7,309	722	8
018		**Plx3**	**4.0**	**2,062**	**786**	**2,848**	**712**	**7**
018		Plx4	4.0	3,641	1,196	4,838	1,209	5
019	**Infection Except Viral Meningitis**		**8.7**	**6,547**	**2,248**	**8,795**	**1,009**	**261**
019		Plx1	7.3	4,409	1,565	5,974	814	157
019		**Plx2**	**11.5**	**7,163**	**2,746**	**9,908**	**864**	**32**
019		Plx3	14.4	9,413	3,364	12,776	888	39
019		**Plx4**	**14.9**	**16,701**	**5,381**	**22,082**	**1,482**	**49**
020	**Hypertensive Encephalopathy**		**6.9**	**5,186**	**1,326**	**6,512**	**950**	**7**
020		**Plx1**	**5.4**	**4,299**	**1,286**	**5,585**	**1,034**	**5**
020		Plx2	5.4	3,167	1,415	4,582	849	5
020		**Plx3**						
020		Plx4	11.5	9,400	2,108	11,508	1,001	2
021	**Non-Traumatic Stupor And Coma**		**5.0**	**2,991**	**1,102**	**4,093**	**824**	**145**
021		Plx1	4.0	2,275	881	3,156	780	91
021		**Plx2**	**10.6**	**5,892**	**2,131**	**8,023**	**754**	**25**
021		Plx3	8.4	5,035	1,827	6,863	815	26
021		**Plx4**	**7.1**	**5,167**	**1,664**	**6,831**	**964**	**12**
022	**Seizure And Headache**		**3.1**	**2,008**	**684**	**2,692**	**876**	**1,870**
022		**Plx1**	**2.9**	**1,839**	**624**	**2,463**	**857**	**1,586**
022		Plx2	3.9	2,450	888	3,338	861	139
022		**Plx3**	**4.9**	**3,255**	**1,063**	**4,318**	**889**	**120**
022		Plx4	10.3	9,952	3,238	13,190	1,282	52

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		5.4	4,202	1,388	5,590	1,026	473
028		Plx1	4.5	2,770	922	3,692	814	331
028		Plx2	6.9	4,004	1,318	5,321	770	44
028		Plx3	7.7	6,410	2,313	8,723	1,130	39
028		Plx4	10.2	12,417	4,093	16,510	1,622	62
040	Tracheostomy And Gastrostomy Procedures		48.3	51,442	18,370	69,812	1,447	451
040		Plx1	27.6	15,389	6,552	21,941	795	62
040		Plx2	42.4	22,691	9,215	31,905	752	12
040		Plx3	37.7	20,980	7,692	28,672	761	44
040		Plx4	54.1	63,422	22,352	85,774	1,587	334
050	Orbital Procedures		1.0	1,181	514	1,696	1,696	664
050		Plx1	1.0	1,182	514	1,696	1,696	663
050		Plx2	2.8	2,663	805	3,468	1,224	12
050		Plx3	3.0	2,828	1,077	3,905	1,302	5
050		Plx4	42.0	19,156	7,375	26,531	632	1
051	Other Intraocular Procedures		1.8	1,580	678	2,257	1,271	156
051		Plx1	1.8	1,543	673	2,216	1,260	149
051		Plx2	3.0	3,338	1,134	4,472	1,491	6
051		Plx3	2.0	2,383	818	3,201	1,601	3
051		Plx4						
052	Retinal Procedures		1.0	1,528	489	2,017	2,017	933
052		Plx1	1.0	1,528	489	2,016	2,016	931
052		Plx2	4.2	4,016	1,361	5,377	1,280	5
052		Plx3	6.6	5,761	1,992	7,753	1,175	5
052		Plx4	2.5	2,671	1,014	3,685	1,474	2
053	Iris And Lens Procedures		1.6	1,290	497	1,786	1,148	18
053		Plx1	1.6	1,290	497	1,786	1,148	18
053		Plx2						
053		Plx3						
053		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
054	**Extraocular Procedures**		**1.3**	**1,338**	**584**	**1,922**	**1,530**	**39**
054		Plx1	1.3	1,338	584	1,922	1,530	39
054		Plx2	2.5	1,940	889	2,829	1,132	2
054		Plx3	9.3	8,308	3,474	11,782	1,262	3
054		Plx4						
055	**Lens Insertion (MNRH)**		**1.0**	**1,877**	**608**	**2,486**	**2,486**	**215**
055		Plx1	1.0	1,885	612	2,496	2,496	212
055		Plx2	2.4	2,650	918	3,569	1,487	5
055		Plx3						
055		Plx4	2.0	5,733	1,410	7,143	3,571	1
057	**Other Ophthalmic Procedures (MNRH)**		**1.0**	**990**	**404**	**1,394**	**1,394**	**117**
057		Plx1	1.0	980	402	1,382	1,382	116
057		Plx2	3.0	3,640	1,121	4,760	1,587	5
057		Plx3	2.0	5,716	1,606	7,321	3,661	1
057		Plx4	9.5	11,497	3,994	15,491	1,631	2
060	**Major Eye Infections**		**3.8**	**1,881**	**684**	**2,565**	**680**	**61**
060		Plx1	3.8	1,856	669	2,525	669	57
060		Plx2	6.0	3,149	1,316	4,465	744	4
060		Plx3	12.0	5,960	2,673	8,633	719	5
060			8.5	5,259	1,533	6,792	799	2
062	**Hyphema**		**4.2**	**1,606**	**645**	**2,251**	**533**	**9**
062		Plx1	4.1	1,439	632	2,070	502	8
062		Plx2						
062		Plx3	5.0	2,942	753	3,695	739	1
062		Plx4						
063	**Other Ophthalmic Diagnoses (MNRH)**		**3.1**	**2,186**	**743**	**2,928**	**937**	**176**
063		Plx1	2.7	1,854	622	2,475	931	156
063		Plx2	5.0	3,512	1,200	4,712	942	10
063		Plx3	3.0	1,347	553	1,900	633	5
063		Plx4	10.0	12,620	3,965	16,585	1,659	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		18.1	19,914	9,676	29,590	1,638	49
075		Plx1	14.1	14,175	7,040	21,215	1,504	19
075		Plx2	18.2	20,210	9,861	30,071	1,651	14
075		Plx3	13.4	18,166	8,628	26,794	2,000	5
075		Plx4	35.3	38,666	19,325	57,992	1,644	11
076	PWS - Major Head And Neck Procedures		10.8	13,069	6,105	19,174	1,771	295
076		Plx1	7.3	8,363	4,106	12,470	1,706	198
076		Plx2	16.9	19,795	10,036	29,830	1,763	25
076		Plx3	16.1	18,255	8,426	26,681	1,659	37
076		Plx4	25.5	34,851	14,413	49,264	1,935	39
077	Less Extensive Head And Neck Procedures		1.5	1,843	769	2,611	1,746	337
077		Plx1	1.5	1,820	759	2,579	1,744	322
077		Plx2	4.2	5,133	2,330	7,463	1,765	22
077		Plx3	7.8	7,496	3,155	10,651	1,366	5
077		Plx4	17.4	19,886	6,704	26,589	1,526	7
078	Cleft Lip And Palate Repair		1.7	2,704	1,064	3,768	2,178	226
078		Plx1	1.7	2,679	1,061	3,740	2,169	221
078		Plx2	2.6	4,084	1,436	5,520	2,123	5
078		Plx3	2.2	3,432	1,442	4,874	2,216	5
078		Plx4	2.0	3,355	931	4,286	2,143	1
081	Salivary Gland Procedures		1.5	2,318	1,009	3,327	2,214	187
081		Plx1	1.5	2,265	973	3,238	2,196	179
081		Plx2	2.4	3,477	1,976	5,453	2,296	8
081		Plx3	5.2	4,382	1,611	5,993	1,152	5
081		Plx4	14.0	11,645	3,809	15,454	1,104	1
082	Minor Ear, Nose And Throat Procedures		1.9	1,639	755	2,393	1,270	26
082		Plx1	1.5	1,155	571	1,726	1,187	22
082		Plx2	4.8	3,319	1,647	4,966	1,035	5
082		Plx3	1.0	1,626	726	2,352	2,352	1
082		Plx4	10.0	29,966	8,252	38,218	3,822	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
083	**Reconstructive ENT Procedures**		**2.4**	**3,614**	**1,363**	**4,977**	**2,106**	**606**
083		Plx1	2.3	3,522	1,335	4,857	2,105	585
083		**Plx2**	**4.4**	**6,001**	**2,120**	**8,121**	**1,867**	**20**
083		Plx3	5.8	7,531	3,107	10,638	1,850	4
083		**Plx4**	**2.5**	**6,042**	**1,694**	**7,736**	**3,094**	**2**
084	Miscellaneous Ear, Nose And Throat Procedures		1.4	1,646	661	2,307	1,622	109
084		**Plx1**	**1.4**	**1,606**	**647**	**2,253**	**1,607**	**107**
084		Plx2	6.0	7,113	2,636	9,749	1,625	5
084		**Plx3**	**7.8**	**5,543**	**2,192**	**7,735**	**992**	**5**
084		Plx4	12.0	21,866	7,860	29,726	2,477	5
085	**Mastoid Procedures**		**1.4**	**11,115**	**1,133**	**12,248**	**8,486**	**212**
085		Plx1	1.4	11,118	1,128	12,246	8,551	206
085		**Plx2**	**2.3**	**15,157**	**1,517**	**16,674**	**7,295**	**7**
085		Plx3						
085		**Plx4**	**31.0**	**23,655**	**8,412**	**32,067**	**1,034**	**1**
086	Other Tonsillar Procedures		3.1	2,284	827	3,111	1,017	51
086		**Plx1**	**2.9**	**2,061**	**724**	**2,785**	**972**	**45**
086		Plx2	1.2	1,448	715	2,163	1,803	5
086		**Plx3**	**5.5**	**5,098**	**2,468**	**7,566**	**1,376**	**2**
086		Plx4						
087	**Sinus Procedures**		**1.0**	**1,271**	**607**	**1,877**	**1,877**	**143**
087		Plx1	1.0	1,270	603	1,874	1,874	140
087		**Plx2**	**2.4**	**3,786**	**1,220**	**5,006**	**2,086**	**5**
087		Plx3	3.7	3,042	1,470	4,512	1,230	6
087		**Plx4**	**23.2**	**16,766**	**6,239**	**23,005**	**992**	**5**
088	Ethmoidectomy (MNRH)		1.0	1,343	525	1,868	1,868	60
088		**Plx1**	**1.0**	**1,345**	**524**	**1,869**	**1,869**	**58**
088		Plx2	1.3	1,605	625	2,230	1,673	3
088		**Plx3**	**1.8**	**2,115**	**959**	**3,074**	**1,757**	**4**
088		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
089	Dental Extraction Or Restoration (MNRH)		1.3	1,623	646	2,269	1,682	126
089		Plx1	1.3	1,604	639	2,243	1,675	118
089		Plx2	1.3	1,973	784	2,757	2,068	6
089		Plx3	1.8	2,730	1,071	3,802	2,112	5
089		Plx4	15.0	10,699	4,460	15,160	1,011	1
090	External And Middle Ear Procedures (MNRH)		1.0	1,133	573	1,706	1,706	89
090		Plx1	1.0	1,133	573	1,706	1,706	89
090		Plx2	1.0	1,540	532	2,072	2,072	1
090		Plx3						
090		Plx4						
091	Nasal Procedures (MNRH)		1.0	1,224	479	1,702	1,702	55
091		Plx1	1.0	1,224	479	1,702	1,702	55
091		Plx2	1.0	1,588	535	2,123	2,123	1
091		Plx3						
091		Plx4						
092	Myringotomy (MNRH)		2.7	2,084	996	3,079	1,155	12
092		Plx1	1.6	1,275	617	1,892	1,204	7
092		Plx2	3.2	2,728	980	3,708	1,159	5
092		Plx3	4.0	2,752	1,430	4,182	1,046	3
092		Plx4						
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,461	576	2,038	2,038	376
093		Plx1	1.0	1,453	572	2,025	2,025	371
093		Plx2	2.3	2,706	978	3,683	1,611	7
093		Plx3	2.8	4,357	1,430	5,788	2,067	5
093		Plx4	8.8	10,307	3,954	14,262	1,630	4
100	ENT Malignancy		7.3	4,071	1,482	5,553	759	73
100		Plx1	4.1	2,264	904	3,167	776	49
100		Plx2	14.2	7,143	2,605	9,748	686	15
100		Plx3	20.6	14,348	5,342	19,690	955	8
100		Plx4	28.8	22,647	7,248	29,894	1,038	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
101	**Acute Suppurative Infections**		**4.0**	**2,002**	**859**	**2,862**	**721**	**60**
101		Plx1	3.8	1,894	830	2,724	713	56
101		**Plx2**	**4.7**	**2,593**	**958**	**3,551**	**761**	**3**
101		Plx3	6.0	3,507	1,184	4,691	782	5
101		**Plx4**	**8.0**	**2,829**	**1,505**	**4,335**	**542**	**3**
102	Dysequilibrium		3.9	1,623	572	2,195	556	336
102		**Plx1**	**3.5**	**1,473**	**514**	**1,987**	**571**	**304**
102		Plx2	8.1	3,167	1,091	4,257	525	18
102		**Plx3**	**4.8**	**2,323**	**788**	**3,111**	**648**	**5**
102		Plx4	5.3	1,666	741	2,407	451	3
104	**Influenza**		**2.8**	**1,584**	**654**	**2,238**	**803**	**378**
104		Plx1	2.7	1,398	598	1,995	752	319
104		**Plx2**	**3.5**	**1,871**	**681**	**2,552**	**726**	**35**
104		Plx3	3.5	2,187	914	3,100	886	16
104		**Plx4**	**5.1**	**6,474**	**2,244**	**8,718**	**1,709**	**10**
107	Epiglottitis		2.4	2,251	728	2,978	1,258	38
107		**Plx1**	**2.2**	**2,105**	**670**	**2,776**	**1,265**	**36**
107		Plx2	3.0	2,174	745	2,919	973	2
107		**Plx3**						
107		Plx4	5.0	11,230	4,108	15,338	3,068	1
108	**Epistaxis**		**3.2**	**1,335**	**581**	**1,916**	**596**	**247**
108		Plx1	2.9	1,115	494	1,609	563	215
108		**Plx2**	**5.3**	**2,630**	**1,199**	**3,829**	**723**	**17**
108		Plx3	5.0	3,112	1,134	4,246	849	8
108		**Plx4**	**10.0**	**5,544**	**2,582**	**8,126**	**813**	**4**
109	Other ENT Infections		3.2	1,626	725	2,351	726	223
109		**Plx1**	**2.8**	**1,330**	**626**	**1,956**	**693**	**180**
109		Plx2	4.4	2,914	1,104	4,018	909	19
109		**Plx3**	**3.1**	**1,952**	**677**	**2,630**	**837**	**14**
109		Plx4	11.8	7,451	3,075	10,526	892	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
113	**Sinusitis (MNRH)**		**3.5**	**1,796**	**616**	**2,412**	**680**	**55**
113		Plx1	3.5	1,729	610	2,340	667	51
113		**Plx2**	**3.4**	**2,300**	**628**	**2,929**	**861**	**5**
113		Plx3	3.6	1,698	729	2,428	674	5
113		**Plx4**	**2.7**	**1,798**	**687**	**2,485**	**932**	**3**
114	Sore Throat (MNRH)		2.3	1,088	438	1,526	652	333
114		**Plx1**	**2.3**	**1,024**	**417**	**1,441**	**638**	**309**
114		Plx2	3.5	2,322	771	3,093	884	14
114		**Plx3**	**3.7**	**1,703**	**713**	**2,416**	**653**	**10**
114		Plx4	7.6	7,323	2,761	10,084	1,327	5
115	**Miscellaneous ENT Diagnoses (MNRH)**		**1.3**	**630**	**256**	**886**	**684**	**485**
115		Plx1	1.3	529	228	757	602	463
115		**Plx2**	**3.9**	**3,102**	**1,069**	**4,171**	**1,067**	**22**
115		Plx3	6.5	4,514	1,624	6,139	948	19
115		**Plx4**	**7.4**	**9,275**	**3,403**	**12,678**	**1,719**	**8**
116	Croup (MNRH)		1.5	1,067	403	1,470	1,006	273
116		**Plx1**	**1.4**	**1,058**	**397**	**1,455**	**1,014**	**264**
116		Plx2	2.8	1,289	721	2,010	718	5
116		**Plx3**	**3.8**	**2,744**	**1,163**	**3,907**	**1,028**	**5**
116		Plx4	6.0	11,098	3,111	14,209	2,368	4
125	**Tracheostomy**		**51.2**	**76,832**	**26,881**	**103,713**	**2,025**	**193**
125		Plx1	11.3	10,397	3,392	13,788	1,223	11
125		**Plx2**	**38.6**	**44,765**	**17,295**	**62,060**	**1,608**	**5**
125		Plx3	17.2	23,110	7,027	30,137	1,752	5
125		**Plx4**	**54.8**	**82,655**	**28,954**	**111,609**	**2,036**	**176**
126	PWS - Resection Of Lung		8.2	8,520	3,187	11,707	1,430	372
126		**Plx1**	**7.1**	**7,000**	**2,568**	**9,568**	**1,345**	**246**
126		Plx2	9.3	8,510	3,281	11,792	1,272	63
126		**Plx3**	**10.8**	**10,409**	**3,806**	**14,216**	**1,311**	**39**
126		Plx4	17.5	23,267	9,153	32,420	1,853	32

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
127	Major Respiratory Procedures		9.3	8,065	2,729	10,794	1,156	948
127		Plx1	6.3	5,039	1,770	6,809	1,077	558
127		Plx2	10.9	8,005	2,708	10,713	987	167
127		Plx3	12.4	8,695	3,094	11,789	952	97
127		Plx4	23.7	27,462	8,682	36,145	1,523	135
128	Minor Respiratory Procedures		5.2	6,158	2,258	8,416	1,629	115
128		Plx1	4.0	4,660	1,709	6,369	1,588	85
128		Plx2	8.5	7,565	2,726	10,290	1,216	13
128		Plx3	7.4	6,483	2,408	8,892	1,206	8
128		Plx4	18.5	24,800	9,481	34,281	1,848	11
129	Other Respiratory Procedures		2.2	2,702	751	3,454	1,581	395
129		Plx1	1.4	2,286	585	2,872	2,101	330
129		Plx2	7.8	4,946	1,642	6,587	840	19
129		Plx3	13.5	7,155	2,992	10,147	750	21
129		Plx4	22.0	18,510	7,241	25,751	1,170	22
135	Tuberculosis		21.6	7,692	3,614	11,306	524	91
135		Plx1	22.5	7,573	3,679	11,253	500	69
135		Plx2	15.0	6,233	2,710	8,943	596	10
135		Plx3	19.1	7,827	3,489	11,316	591	7
135		Plx4	25.6	12,317	4,723	17,040	666	5
136	Respiratory Failure		10.3	10,362	3,316	13,677	1,332	501
136		Plx1	7.5	4,901	1,743	6,644	891	126
136		Plx2	8.3	5,856	1,969	7,824	945	103
136		Plx3	8.1	7,028	2,187	9,215	1,132	84
136		Plx4	14.2	18,399	5,699	24,098	1,696	185
137	Respiratory Infections And Inflammations		9.2	6,525	2,323	8,848	963	909
137		Plx1	6.9	4,052	1,497	5,548	806	397
137		Plx2	9.7	5,450	2,048	7,499	771	167
137		Plx3	11.3	7,381	2,623	10,004	888	151
137		Plx4	13.9	14,503	4,846	19,349	1,391	207

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.6	5,573	1,989	7,562	710	975
138		Plx1	7.7	4,031	1,404	5,435	708	375
138		Plx2	12.1	5,605	2,043	7,648	633	295
138		Plx3	13.3	6,695	2,490	9,185	689	183
138		Plx4	14.1	9,558	3,287	12,845	913	128
139	Interstitial Disease		8.3	5,257	1,890	7,147	862	251
139		Plx1	5.6	3,070	1,229	4,299	769	118
139		Plx2	9.5	4,518	1,700	6,217	654	43
139		Plx3	10.4	6,101	2,116	8,217	793	61
139		Plx4	18.7	15,930	5,577	21,507	1,152	36
140	Chronic Obstructive Pulmonary Disease (COPD)		7.6	3,407	1,262	4,669	616	417
140		Plx1	6.6	2,704	1,005	3,709	565	226
140		Plx2	8.2	3,247	1,304	4,550	555	112
140		Plx3	11.4	5,344	1,964	7,307	643	55
140		Plx4	19.1	10,210	3,523	13,733	718	42
141	Pulmonary Edema		6.8	6,362	2,142	8,503	1,256	155
141		Plx1	4.3	2,888	1,006	3,894	898	68
141		Plx2	5.9	4,239	1,431	5,670	954	36
141		Plx3	8.7	6,551	2,215	8,767	1,006	21
141		Plx4	16.6	22,124	6,713	28,837	1,742	36
142	Chronic Bronchitis		6.6	3,066	1,103	4,169	627	2,751
142		Plx1	5.5	2,227	805	3,032	548	1,667
142		Plx2	7.6	3,217	1,195	4,412	579	626
142		Plx3	9.9	5,004	1,797	6,801	689	317
142		Plx4	14.8	10,830	3,831	14,660	993	192
143	Simple Pneumonia And Pleurisy		5.7	2,977	1,119	4,097	719	5,663
143		Plx1	4.7	2,118	844	2,962	634	3,767
143		Plx2	7.3	3,434	1,262	4,696	644	945
143		Plx3	9.5	5,148	1,907	7,055	741	598
143		Plx4	13.4	10,995	3,777	14,772	1,106	499

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
144	**Pneumothorax**		**4.5**	**2,412**	**859**	**3,271**	**719**	**315**
144		Plx1	4.2	2,093	749	2,842	685	264
144		**Plx2**	**6.3**	**3,583**	**1,378**	**4,961**	**792**	**34**
144		Plx3	11.8	7,650	2,468	10,119	861	16
144		**Plx4**	**14.0**	**8,288**	**3,088**	**11,376**	**813**	**9**
145	**Tracheobronchitis**		**3.3**	**2,067**	**858**	**2,925**	**885**	**1,634**
145		**Plx1**	**3.3**	**2,015**	**854**	**2,869**	**862**	**1,453**
145		Plx2	4.9	3,103	1,277	4,380	889	166
145		**Plx3**	**5.9**	**4,031**	**1,505**	**5,536**	**931**	**76**
145		Plx4	15.2	28,239	8,949	37,188	2,439	53
146	**Asthma**		**2.8**	**1,614**	**608**	**2,222**	**780**	**2,350**
146		Plx1	2.6	1,430	545	1,975	747	2,041
146		**Plx2**	**4.4**	**2,195**	**879**	**3,074**	**699**	**242**
146		Plx3	5.3	3,745	1,277	5,022	948	70
146		**Plx4**	**10.5**	**16,096**	**4,763**	**20,858**	**1,978**	**22**
147	**Other Respiratory Diagnoses**		**3.8**	**2,575**	**905**	**3,480**	**926**	**1,030**
147		**Plx1**	**3.0**	**1,856**	**663**	**2,519**	**847**	**740**
147		Plx2	4.8	2,913	988	3,901	819	147
147		**Plx3**	**7.5**	**4,803**	**1,669**	**6,472**	**866**	**104**
147		Plx4	13.0	17,812	5,559	23,371	1,793	59
175	**PWS - Heart Or Lung Transplant**		**30.4**	**52,549**	**20,435**	**72,984**	**2,402**	**119**
175		Plx1	18.9	32,757	13,646	46,404	2,457	9
175		**Plx2**	**16.5**	**33,284**	**13,066**	**46,350**	**2,804**	**17**
175		Plx3	19.4	33,701	13,239	46,940	2,422	21
175		**Plx4**	**45.6**	**74,033**	**28,922**	**102,955**	**2,257**	**77**
176	**PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath**		**23.6**	**28,460**	**8,126**	**36,586**	**1,550**	**103**
176		**Plx1**	**15.4**	**20,345**	**5,939**	**26,284**	**1,705**	**12**
176		Plx2	19.5	22,502	6,680	29,182	1,499	43
176		**Plx3**	**26.7**	**29,496**	**7,921**	**37,417**	**1,402**	**19**
176		Plx4	32.8	40,956	11,792	52,748	1,610	30

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		9.3	17,426	5,101	22,527	2,435	840
177		Plx1	6.7	13,490	3,974	17,464	2,610	307
177		Plx2	8.9	16,131	4,626	20,757	2,325	241
177		Plx3	12.2	19,853	5,861	25,715	2,112	168
177		Plx4	19.7	35,723	10,788	46,511	2,356	165
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		18.8	21,449	6,765	28,214	1,503	622
178		Plx1	15.2	16,301	4,823	21,125	1,392	64
178		Plx2	16.7	17,274	5,680	22,954	1,373	269
178		Plx3	19.1	21,442	6,545	27,987	1,463	144
178		Plx4	25.4	33,735	10,545	44,280	1,740	151
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		8.1	11,726	4,271	15,996	1,983	2,664
179		Plx1	5.7	9,262	3,716	12,978	2,258	771
179		Plx2	7.9	10,978	3,982	14,960	1,887	1,121
179		Plx3	9.7	13,699	4,771	18,470	1,900	512
179		Plx4	16.2	24,652	8,251	32,904	2,033	268
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		20.1	43,311	14,507	57,818	2,882	47
181		Plx1	15.4	13,336	4,526	17,862	1,160	5
181		Plx2	16.4	20,464	6,247	26,711	1,629	10
181		Plx3	17.2	31,735	11,359	43,094	2,510	6
181		Plx4	25.0	60,262	20,284	80,546	3,226	28
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		7.6	14,360	5,344	19,705	2,604	500
182		Plx1	5.5	10,448	4,008	14,456	2,626	190
182		Plx2	7.0	12,586	4,583	17,169	2,444	126
182		Plx3	7.4	14,103	5,146	19,250	2,597	73
182		Plx4	13.9	28,124	10,340	38,464	2,776	113
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		11.1	15,776	5,039	20,814	1,874	148
183		Plx1	7.2	8,037	2,450	10,487	1,454	19
183		Plx2	13.8	13,875	4,221	18,096	1,316	36
183		Plx3	8.0	12,082	3,711	15,793	1,965	28
183		Plx4	13.7	21,177	7,028	28,205	2,061	67

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
184	**PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath**		**10.6**	**14,506**	**4,634**	**19,140**	**1,798**	**216**
184		Plx1	8.4	9,005	3,204	12,209	1,446	59
184		Plx2	7.8	10,648	3,373	14,020	1,787	45
184		Plx3	10.8	13,478	3,958	17,436	1,615	39
184		Plx4	15.8	24,080	7,565	31,645	2,002	76
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		11.8	29,562	5,266	34,828	2,950	352
185		Plx1	6.9	27,959	4,402	32,361	4,667	122
185		Plx2	10.5	28,876	4,599	33,476	3,191	110
185		Plx3	15.2	30,101	5,888	35,988	2,374	70
185		Plx4	21.2	34,353	7,951	42,304	1,995	48
186	**Permanent Pacemaker Implant Without Specified Cardiac Conditions**		**5.3**	**14,437**	**2,581**	**17,018**	**3,235**	**1,098**
186		Plx1	3.6	13,358	2,186	15,545	4,289	790
186		Plx2	9.4	17,196	3,512	20,708	2,195	179
186		Plx3	11.4	17,896	3,887	21,783	1,909	105
186		Plx4	16.3	22,892	5,465	28,358	1,737	52
188	**PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions**		**4.5**	**8,133**	**2,121**	**10,254**	**2,257**	**1,936**
188		Plx1	3.9	7,665	1,884	9,548	2,474	1,317
188		Plx2	5.5	8,605	2,423	11,028	1,992	403
188		Plx3	7.9	10,000	3,055	13,055	1,656	161
188		Plx4	11.9	15,257	4,911	20,167	1,692	101
189	**PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions**		**2.5**	**6,322**	**1,497**	**7,818**	**3,143**	**2,321**
189		Plx1	1.0	5,528	1,227	6,755	6,755	757
189		Plx2	3.0	6,625	1,601	8,226	2,724	1,249
189		Plx3	6.3	8,381	2,372	10,753	1,697	142
189		Plx4	13.6	16,699	5,761	22,460	1,649	34
191	Temporary Cardiac Pacemaker		7.2	6,935	2,271	9,207	1,274	80
191		Plx1	4.8	4,469	1,374	5,843	1,219	24
191		Plx2	4.4	4,513	1,553	6,065	1,379	10
191		Plx3	6.8	5,991	1,834	7,824	1,153	14
191		Plx4	10.7	10,720	3,376	14,096	1,315	32

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		2.2	10,538	1,476	12,014	5,424	200
193		Plx1	1.4	9,092	1,261	10,353	7,202	160
193		Plx2	7.8	20,145	2,605	22,749	2,922	14
193		Plx3	7.6	19,893	2,547	22,440	2,936	14
193		Plx4	15.3	15,242	3,220	18,462	1,211	4
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.2	4,057	1,077	5,134	2,356	368
194		Plx1	1.3	3,197	712	3,909	3,008	284
194		Plx2	4.7	5,361	1,701	7,062	1,508	38
194		Plx3	6.5	7,558	2,543	10,101	1,543	11
194		Plx4	16.5	27,804	9,538	37,342	2,267	19
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		5.0	6,370	1,961	8,330	1,683	121
200		Plx1	3.1	3,280	915	4,195	1,348	27
200		Plx2	4.8	5,227	1,640	6,867	1,433	29
200		Plx3	4.2	5,519	1,675	7,194	1,706	23
200		Plx4	7.1	10,396	3,292	13,688	1,915	41
201	AMI With Cardiac Cath With Congestive Heart Failure		11.5	8,740	3,153	11,894	1,037	125
201		Plx1	10.8	7,546	2,817	10,363	955	78
201		Plx2	14.0	10,964	4,057	15,021	1,070	23
201		Plx3	10.4	8,660	3,057	11,717	1,129	16
201		Plx4	12.3	14,151	4,026	18,177	1,484	8
202	AMI With Cardiac Cath With Ventricular Tachycardia		8.5	6,152	2,439	8,590	1,011	30
202		Plx1	7.5	5,507	1,958	7,465	989	22
202		Plx2	10.2	8,948	4,251	13,199	1,294	5
202		Plx3	12.6	6,839	2,571	9,410	747	5
202		Plx4	13.8	20,544	6,259	26,802	1,949	4
203	AMI With Cardiac Cath With Angina		9.1	6,034	2,426	8,460	932	75
203		Plx1	8.3	5,855	2,357	8,212	986	58
203		Plx2	12.9	6,587	2,590	9,177	710	13
203		Plx3	9.4	7,593	3,139	10,733	1,142	5
203		Plx4	19.3	14,131	5,181	19,311	999	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
204	**AMI With Cardiac Cath Without Specified Cardiac Conditions**		**7.9**	**6,270**	**2,220**	**8,490**	**1,078**	**484**
204		Plx1	7.4	5,958	2,106	8,064	1,091	422
204		**Plx2**	**8.8**	**6,476**	**2,158**	**8,634**	**986**	**25**
204		Plx3	12.2	9,191	3,306	12,496	1,024	20
204		**Plx4**	**10.3**	**10,699**	**3,587**	**14,286**	**1,383**	**12**
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.9	6,203	2,134	8,337	842	421
205		**Plx1**	**8.5**	**5,022**	**1,760**	**6,782**	**801**	**231**
205		Plx2	10.3	6,642	2,308	8,950	871	75
205		**Plx3**	**11.1**	**7,065**	**2,342**	**9,407**	**845**	**68**
205		Plx4	17.0	11,841	4,093	15,934	940	49
206	**AMI Without Cardiac Cath With Ventricular Tachycardia**		**6.4**	**4,603**	**1,554**	**6,157**	**957**	**93**
206		Plx1	5.6	3,810	1,295	5,105	913	59
206		**Plx2**	**7.6**	**6,066**	**2,165**	**8,230**	**1,089**	**18**
206		Plx3	7.7	4,841	1,527	6,368	831	9
206		**Plx4**	**7.8**	**7,742**	**2,331**	**10,073**	**1,286**	**6**
207	AMI Without Cardiac Cath With Angina		6.7	4,004	1,362	5,366	795	99
207		**Plx1**	**6.5**	**3,822**	**1,283**	**5,106**	**781**	**86**
207		Plx2	8.0	4,373	1,459	5,833	729	8
207		**Plx3**	**10.0**	**7,619**	**2,970**	**10,589**	**1,059**	**5**
207		Plx4	10.0	4,331	1,868	6,199	620	3
208	**AMI Without Cardiac Cath Without Specified Cardiac Conditions**		**5.3**	**3,660**	**1,216**	**4,877**	**912**	**1,509**
208		Plx1	5.3	3,505	1,162	4,667	885	1,287
208		**Plx2**	**7.6**	**4,872**	**1,639**	**6,511**	**852**	**108**
208		Plx3	7.2	4,906	1,679	6,585	915	85
208		**Plx4**	**9.8**	**9,502**	**3,092**	**12,595**	**1,286**	**68**
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.2	5,472	1,939	7,411	809	18
210		**Plx1**	**9.0**	**5,421**	**1,961**	**7,382**	**820**	**14**
210		Plx2	6.0	2,348	855	3,203	534	2
210		**Plx3**	**22.5**	**12,858**	**5,124**	**17,983**	**799**	**2**
210		Plx4	19.5	18,032	7,025	25,058	1,285	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		8.2	5,241	1,954	7,195	882	122
211		Plx1	8.0	5,120	1,922	7,042	877	113
211		Plx2	8.7	4,614	1,644	6,258	722	6
211		Plx3	9.7	6,362	2,518	8,880	919	3
211		Plx4	23.0	20,107	7,633	27,739	1,206	2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		5.9	3,516	1,268	4,784	805	74
212		Plx1	5.4	3,246	1,192	4,438	816	59
212		Plx2	6.6	4,299	1,380	5,678	863	12
212		Plx3	13.4	7,342	2,920	10,262	766	5
212		Plx4	9.2	5,540	2,688	8,228	894	5
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.9	2,131	748	2,879	731	574
213		Plx1	3.9	2,106	740	2,846	730	545
213		Plx2	6.3	2,746	1,010	3,756	600	27
213		Plx3	7.0	2,895	1,050	3,945	564	5
213		Plx4	10.2	5,499	2,024	7,523	738	5
215	Cardiac Cath With Congestive Heart Failure		12.2	8,834	3,149	11,982	979	339
215		Plx1	10.2	6,494	2,296	8,790	865	224
215		Plx2	14.7	9,251	3,537	12,789	872	38
215		Plx3	16.5	12,285	4,064	16,350	992	35
215		Plx4	20.9	19,661	7,427	27,089	1,296	48
216	Cardiac Cath With Ventricular Tachycardia		8.2	5,997	2,295	8,292	1,016	172
216		Plx1	7.7	5,379	2,057	7,435	963	151
216		Plx2	11.1	7,724	3,132	10,857	980	12
216		Plx3	17.2	14,149	5,488	19,637	1,142	5
216		Plx4	11.6	15,673	5,770	21,443	1,849	5
217	Cardiac Cath With Unstable Angina		6.5	4,733	1,673	6,406	978	476
217		Plx1	6.1	4,498	1,574	6,072	997	431
217		Plx2	9.5	6,928	2,561	9,489	995	28
217		Plx3	13.6	7,214	2,765	9,978	731	14
217		Plx4	16.0	11,348	4,446	15,794	987	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
218	Cardiac Cath Without Specified Cardiac Conditions		4.3	3,574	1,144	4,719	1,096	1,003
218		Plx1	4.2	3,438	1,103	4,541	1,083	932
218		Plx2	5.6	4,457	1,368	5,825	1,035	54
218		Plx3	9.8	7,302	2,496	9,798	995	19
218		Plx4	14.7	17,199	5,654	22,853	1,558	6
219	Endocarditis		14.1	7,563	3,011	10,574	748	104
219		Plx1	9.2	4,323	2,059	6,382	697	40
219		Plx2	14.3	7,278	2,714	9,992	698	13
219		Plx3	15.1	7,708	3,048	10,756	713	21
219		Plx4	19.3	11,791	4,346	16,137	837	29
220	Pulmonary Embolism		6.5	3,522	1,213	4,734	730	751
220		Plx1	5.9	2,840	1,000	3,840	653	438
220		Plx2	6.7	3,590	1,208	4,798	715	209
220		Plx3	9.9	5,413	1,961	7,375	748	72
220		Plx4	11.0	10,138	3,531	13,669	1,248	44
222	Heart Failure		8.4	3,939	1,442	5,382	641	3,152
222		Plx1	6.9	2,962	1,094	4,056	590	1,949
222		Plx2	9.5	4,143	1,535	5,678	598	559
222		Plx3	12.4	5,735	2,109	7,843	633	356
222		Plx4	18.8	11,400	4,113	15,513	826	351
225	Hypertensive Heart Disease		7.7	3,565	1,233	4,798	625	119
225		Plx1	5.8	2,623	903	3,526	608	75
225		Plx2	8.7	3,513	1,285	4,798	549	19
225		Plx3	12.3	6,683	2,229	8,911	727	16
225		Plx4	17.6	8,127	2,826	10,952	621	11
226	Other Circulatory Diagnoses		5.7	3,545	1,214	4,759	834	872
226		Plx1	4.4	2,521	856	3,377	772	560
226		Plx2	7.4	4,089	1,446	5,535	747	157
226		Plx3	9.8	5,690	2,025	7,715	791	104
226		Plx4	14.5	13,332	4,561	17,893	1,235	69

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
229	Atherosclerosis (MNRH)		6.2	3,197	1,101	4,299	699	1,909
229		Plx1	5.7	2,924	993	3,916	692	1,563
229		Plx2	8.1	4,436	1,544	5,980	736	240
229		Plx3	12.4	6,131	2,314	8,445	680	86
229		Plx4	13.8	9,023	3,395	12,418	900	35
232	Acquired Valvular Disorders (MNRH)		8.5	3,876	1,461	5,337	628	109
232		Plx1	7.3	2,980	1,107	4,087	562	69
232		Plx2	11.9	5,434	2,135	7,569	637	27
232		Plx3	6.5	3,341	1,164	4,506	688	11
232		Plx4	17.6	10,809	3,850	14,659	833	5
233	Hypertension (MNRH)		4.1	2,028	722	2,750	663	267
233		Plx1	3.4	1,571	563	2,134	637	205
233		Plx2	6.2	2,846	1,021	3,867	619	37
233		Plx3	9.6	4,069	1,519	5,588	583	12
233		Plx4	14.9	12,461	3,917	16,378	1,099	10
234	Congenital Cardiac Disorders (MNRH)		5.0	5,877	1,754	7,630	1,541	42
234		Plx1	3.1	2,605	833	3,439	1,105	18
234		Plx2	4.3	3,472	1,137	4,608	1,075	14
234		Plx3	11.5	8,014	2,646	10,660	927	6
234		Plx4	10.0	23,617	6,295	29,912	2,991	5
235	Angina Pectoris		3.5	1,825	651	2,476	710	291
235		Plx1	3.4	1,788	632	2,420	712	266
235		Plx2	5.4	2,461	953	3,414	628	23
235		Plx3	8.9	4,022	1,408	5,430	610	10
235		Plx4	2.0	1,474	508	1,982	991	1
237	Arrhythmia		5.0	2,651	897	3,548	716	2,166
237		Plx1	4.1	2,134	721	2,855	704	1,618
237		Plx2	7.1	3,391	1,173	4,564	647	361
237		Plx3	10.4	5,858	1,964	7,822	754	132
237		Plx4	12.9	9,492	3,034	12,526	972	65

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
240	Syncope And Collapse		4.2	1,926	673	2,599	619	567
240		Ptx1	4.1	1,845	648	2,493	612	498
240		Ptx2	5.1	2,488	836	3,324	651	47
240		Ptx3	9.3	4,067	1,598	5,664	611	22
240		Ptx4	13.9	6,921	2,905	9,825	707	9
242	Chest Pain		2.7	1,606	521	2,127	779	2,206
242		Ptx1	2.6	1,569	508	2,076	785	2,031
242		Ptx2	4.4	2,265	777	3,042	698	177
242		Ptx3	5.8	3,116	1,064	4,179	723	23
242		Ptx4	8.0	4,223	1,787	6,010	751	5
250	Extensive Gastrointestinal Procedures		18.6	19,171	7,459	26,630	1,432	82
250		Ptx1	13.3	12,459	5,434	17,893	1,340	23
250		Ptx2	14.5	13,666	5,144	19,811	1,295	19
250		Ptx3	17.4	14,140	5,543	19,683	1,130	12
250		Ptx4	30.4	35,301	13,662	48,963	1,612	30
251	Gastrostomy And Colostomy Procedures		17.2	13,973	5,279	19,252	1,121	1,390
251		Ptx1	11.4	7,568	3,100	10,668	935	525
251		Ptx2	14.0	9,548	3,753	13,301	950	171
251		Ptx3	17.1	11,973	4,604	16,577	969	215
251		Ptx4	30.4	29,053	10,376	39,429	1,297	520
252	Major Esophageal, Stomach And Duodenum Procedures		14.0	10,700	4,627	15,327	1,095	144
252		Ptx1	11.4	7,816	3,524	11,340	999	76
252		Ptx2	13.5	9,035	4,328	13,363	992	21
252		Ptx3	19.5	14,211	5,586	19,798	1,014	21
252		Ptx4	27.2	26,016	10,518	36,533	1,345	31
253	Major Intestinal And Rectal Procedures		10.1	6,897	2,768	9,665	961	3,055
253		Ptx1	8.6	5,579	2,326	7,905	922	1,907
253		Ptx2	11.4	7,458	2,939	10,397	912	447
253		Ptx3	13.0	8,799	3,493	12,292	946	408
253		Ptx4	20.0	16,777	6,103	22,879	1,145	370

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		5.8	4,668	1,813	6,481	1,116	1,017
255		Plx1	4.9	3,712	1,494	5,206	1,069	822
255		Plx2	7.9	5,930	2,341	8,271	1,041	73
255		Plx3	13.6	10,085	3,670	13,754	1,011	72
255		Plx4	18.0	19,644	6,537	26,181	1,451	89
258	Laparotomy		7.3	4,905	1,962	6,867	939	984
258		Plx1	5.9	3,734	1,583	5,317	903	684
258		Plx2	9.3	5,786	2,382	8,168	874	111
258		Plx3	11.4	7,507	2,883	10,390	913	93
258		Plx4	15.8	15,260	5,286	20,546	1,296	112
260	Less Extensive Intestinal And Rectal Procedures		5.0	3,975	1,517	5,493	1,090	74
260		Plx1	4.4	3,582	1,398	4,980	1,138	53
260		Plx2	7.2	6,009	2,141	8,150	1,129	9
260		Plx3	6.1	3,704	1,586	5,290	864	8
260		Plx4	12.1	6,340	2,117	8,458	697	7
261	Complicated Appendectomy		4.6	3,165	1,195	4,360	942	1,074
261		Plx1	4.3	2,894	1,103	3,997	933	924
261		Plx2	6.4	4,706	1,686	6,392	995	85
261		Plx3	8.7	6,078	2,132	8,211	944	63
261		Plx4	10.7	8,925	2,956	11,880	1,109	24
262	Simple Appendectomy		2.3	1,926	722	2,648	1,132	2,307
262		Plx1	2.3	1,886	711	2,597	1,130	2,219
262		Plx2	4.0	3,046	1,065	4,111	1,017	72
262		Plx3	4.5	3,698	1,284	4,982	1,104	35
262		Plx4	9.8	6,122	2,034	8,157	831	11
264	Minor Gastrointestinal Procedures		3.1	2,671	1,170	3,842	1,246	109
264		Plx1	2.8	2,543	1,150	3,693	1,301	93
264		Plx2	6.5	4,643	1,671	6,315	966	13
264		Plx3	4.3	3,711	1,348	5,059	1,167	6
264		Plx4	30.2	37,518	12,290	49,808	1,649	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
265	**Abdominal Laparoscopy**		**3.1**	**2,187**	**781**	**2,969**	**947**	**112**
265		Plx1	2.8	2,079	733	2,812	990	106
265		**Plx2**	**4.4**	**2,535**	**1,419**	**3,954**	**899**	**5**
265		Plx3	11.8	8,587	3,289	11,876	1,006	5
265		**Plx4**	**10.6**	**7,197**	**2,941**	**10,138**	**956**	**5**
266	Anus And Stomal Procedures (MNRH)		2.2	1,650	638	2,288	1,028	786
266		**Plx1**	**2.1**	**1,579**	**609**	**2,187**	**1,042**	**721**
266		Plx2	4.7	2,989	1,130	4,119	869	66
266		**Plx3**	**8.5**	**5,251**	**1,723**	**6,973**	**818**	**17**
266		Plx4	20.0	12,341	4,570	16,911	846	9
269	**Bilateral Hernia Procedures**		**2.4**	**2,077**	**855**	**2,932**	**1,239**	**1,669**
269		Plx1	2.3	1,994	828	2,822	1,248	1,575
269		**Plx2**	**5.1**	**3,796**	**1,429**	**5,225**	**1,031**	**76**
269		Plx3	6.8	5,047	1,851	6,898	1,021	33
269		**Plx4**	**10.5**	**7,068**	**2,662**	**9,730**	**927**	**22**
271	Unilateral Hernia Procedures (MNRH)		1.6	1,663	697	2,360	1,450	295
271		**Plx1**	**1.6**	**1,586**	**667**	**2,253**	**1,410**	**286**
271		Plx2	4.9	3,116	1,206	4,322	884	9
271		**Plx3**	**8.5**	**7,329**	**2,685**	**10,015**	**1,178**	**8**
271		Plx4	13.7	8,358	2,718	11,076	808	7
279	**Digestive System Malignancy**		**8.5**	**4,307**	**1,482**	**5,789**	**681**	**541**
279		Plx1	6.6	3,041	1,080	4,121	624	265
279		**Plx2**	**9.2**	**4,638**	**1,594**	**6,232**	**677**	**157**
279		Plx3	13.4	6,649	2,297	8,946	668	73
279		**Plx4**	**11.1**	**7,513**	**2,378**	**9,891**	**891**	**48**
281	G.I. Hemorrhage		4.4	2,255	772	3,026	693	1,829
281		**Plx1**	**3.8**	**1,809**	**622**	**2,430**	**644**	**1,302**
281		Plx2	5.5	2,704	939	3,644	662	316
281		**Plx3**	**7.5**	**3,997**	**1,375**	**5,372**	**716**	**144**
281		Plx4	12.4	9,239	3,202	12,441	1,006	106

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
285	Complicated Ulcer		4.8	2,356	855	3,211	670	119
285		Plx1	4.3	1,951	722	2,674	625	65
285		Plx2	4.3	1,919	764	2,683	624	40
285		Plx3	8.2	4,897	1,544	6,441	786	10
285		Plx4	24.5	13,234	4,301	17,535	716	6
286	Uncomplicated Ulcer		3.7	1,705	587	2,292	618	192
286		Plx1	3.5	1,586	544	2,130	601	138
286		Plx2	4.1	1,816	596	2,412	594	48
286		Plx3	7.6	4,841	1,721	6,562	861	8
286		Plx4	42.0	14,580	6,874	21,454	511	5
289	Inflammatory Bowel Disease		5.5	2,295	852	3,147	575	858
289		Plx1	5.3	2,143	798	2,941	559	641
289		Plx2	5.6	2,476	881	3,358	596	156
289		Plx3	8.8	3,734	1,453	5,186	586	58
289		Plx4	18.4	11,053	4,143	15,196	827	24
290	G.I. Obstruction		4.4	1,917	732	2,649	602	1,698
290		Plx1	3.9	1,686	648	2,334	597	1,463
290		Plx2	6.9	2,975	1,093	4,068	587	141
290		Plx3	9.2	4,389	1,743	6,131	667	56
290		Plx4	13.9	7,410	2,812	10,222	733	37
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.3	1,525	570	2,095	627	7,351
294		Plx1	3.1	1,397	525	1,922	613	6,216
294		Plx2	5.0	2,313	867	3,180	632	808
294		Plx3	6.3	3,160	1,148	4,308	680	372
294		Plx4	13.3	7,380	2,641	10,021	751	158
297	Other G.I. Diagnoses		3.9	2,004	730	2,735	702	1,400
297		Plx1	3.5	1,754	645	2,399	678	1,053
297		Plx2	4.8	2,502	919	3,421	719	241
297		Plx3	9.5	5,081	1,919	6,999	739	84
297		Plx4	13.1	10,326	3,747	14,073	1,073	79

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
310	PWS - Liver Transplant		21.7	37,476	18,026	55,503	2,555	89
310		Plx1	12.4	19,904	11,046	30,951	2,503	11
310		Plx2	13.0	22,550	12,446	34,996	2,692	5
310		Plx3	14.9	24,301	12,406	36,707	2,460	13
310		Plx4	29.4	49,963	23,013	72,976	2,482	63
311	Major Pancreatic Procedures		17.6	14,723	6,267	20,989	1,190	298
311		Plx1	12.7	9,351	4,393	13,744	1,082	125
311		Plx2	14.0	11,249	4,761	16,010	1,145	55
311		Plx3	17.2	12,604	5,915	18,519	1,080	52
311		Plx4	39.8	37,109	14,099	51,208	1,285	75
312	Major Hepatobiliary Procedures		9.2	8,411	4,009	12,420	1,355	221
312		Plx1	8.0	7,273	3,719	10,992	1,368	135
312		Plx2	10.0	8,681	3,648	12,329	1,237	27
312		Plx3	8.6	9,218	4,158	13,376	1,551	32
312		Plx4	22.3	23,596	10,050	33,646	1,509	34
313	Common Duct Exploration		9.6	7,441	2,672	10,113	1,049	109
313		Plx1	7.5	5,230	2,053	7,283	965	57
313		Plx2	10.1	7,258	2,716	9,974	985	24
313		Plx3	14.4	11,462	3,903	15,365	1,070	14
313		Plx4	16.1	16,150	4,468	20,618	1,279	16
314	Other Hepatobiliary And Pancreatic Procedures		10.1	7,479	2,662	10,141	1,004	190
314		Plx1	7.0	4,900	1,805	6,705	962	102
314		Plx2	11.2	7,382	2,438	9,820	878	22
314		Plx3	13.9	8,246	3,333	11,579	835	29
314		Plx4	18.0	15,436	5,309	20,745	1,154	41
315	Cholecystectomy		7.5	5,643	2,207	7,849	1,041	366
315		Plx1	6.2	4,428	1,868	6,295	1,011	241
315		Plx2	8.2	5,879	2,382	8,261	1,009	48
315		Plx3	10.5	7,583	2,826	10,409	990	43
315		Plx4	16.0	13,889	4,479	18,368	1,145	42

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
317	**Laparoscopic Cholecystectomy**		**2.6**	**2,160**	**901**	**3,061**	**1,199**	**2,497**
317		Plx1	2.4	2,075	862	2,937	1,234	2,268
317		**Plx2**	**4.9**	**3,252**	**1,354**	**4,606**	**935**	**210**
317		Plx3	8.2	4,888	1,915	6,803	834	72
317		**Plx4**	**11.8**	**9,303**	**3,435**	**12,738**	**1,080**	**38**
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		11.0	8,564	3,261	11,825	1,075	123
320		**Plx1**	**8.0**	**5,031**	**2,158**	**7,189**	**895**	**60**
320		Plx2	9.1	6,446	2,676	9,122	1,008	20
320		**Plx3**	**13.1**	**9,217**	**3,721**	**12,939**	**991**	**16**
320		Plx4	21.3	25,750	8,488	34,238	1,604	29
323	**Cirrhosis And Alcoholic Hepatitis**		**8.8**	**5,298**	**1,784**	**7,083**	**809**	**519**
323		Plx1	5.4	2,287	862	3,149	583	131
323		**Plx2**	**7.6**	**3,476**	**1,257**	**4,733**	**624**	**115**
323		Plx3	9.9	4,828	1,785	6,613	665	96
323		**Plx4**	**13.8**	**10,949**	**3,535**	**14,484**	**1,046**	**193**
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		9.3	4,379	1,551	5,930	639	539
324		**Plx1**	**7.8**	**3,552**	**1,230**	**4,781**	**613**	**239**
324		Plx2	8.5	3,851	1,385	5,236	613	126
324		**Plx3**	**11.3**	**5,438**	**1,963**	**7,401**	**653**	**100**
324		Plx4	12.3	6,684	2,310	8,994	734	72
325	**Pancreas Diseases Except Malignancy**		**5.1**	**2,197**	**798**	**2,995**	**591**	**1,505**
325		Plx1	4.3	1,767	658	2,426	561	1,042
325		**Plx2**	**6.4**	**2,677**	**969**	**3,646**	**572**	**304**
325		Plx3	9.2	4,396	1,631	6,027	657	117
325		**Plx4**	**16.2**	**12,705**	**4,054**	**16,759**	**1,037**	**98**
326	Liver Diseases Except Cirrhosis Or Cancer		7.0	4,447	1,582	6,029	864	554
326		**Plx1**	**5.1**	**2,395**	**884**	**3,279**	**647**	**265**
326		Plx2	6.2	3,257	1,210	4,467	718	94
326		**Plx3**	**9.2**	**4,309**	**1,581**	**5,890**	**641**	**82**
326		Plx4	12.4	12,341	4,349	16,690	1,347	121

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
329	Biliary Tract Diseases		4.1	2,011	747	2,758	677	854
329		Pix1	3.4	1,632	616	2,248	669	601
329		Pix2	5.6	2,786	1,021	3,807	686	105
329		Pix3	5.7	2,875	1,048	3,923	685	101
329		Pix4	10.4	5,571	2,098	7,670	737	56
350	Multiple Or Bilateral Joint Replacement		11.0	11,668	3,392	15,060	1,369	64
350		Pix1	8.3	9,518	2,964	12,483	1,496	29
350		Pix2	8.8	12,025	2,973	14,998	1,702	16
350		Pix3	16.0	14,610	4,773	19,383	1,211	10
350		Pix4	36.6	23,221	7,261	30,481	832	11
351	Joint Replacement For Trauma		11.1	7,881	2,723	10,604	952	1,002
351		Pix1	9.1	6,456	2,285	8,741	963	612
351		Pix2	13.5	9,139	2,980	12,119	895	169
351		Pix3	18.1	11,221	3,749	14,969	828	112
351		Pix4	23.6	15,368	5,555	20,923	888	143
352	Hip Replacement		6.6	7,464	1,940	9,404	1,435	2,312
352		Pix1	6.4	7,208	1,914	9,122	1,420	1,728
352		Pix2	7.2	8,189	1,956	10,145	1,419	483
352		Pix3	9.7	9,523	2,608	12,131	1,247	125
352		Pix4	14.3	12,541	3,748	16,289	1,143	70
354	Knee Replacement		6.3	6,382	1,840	8,221	1,297	2,849
354		Pix1	6.1	6,110	1,792	7,903	1,299	2,242
354		Pix2	7.2	7,386	1,920	9,306	1,286	429
354		Pix3	8.6	7,681	2,336	10,017	1,167	141
354		Pix4	10.4	9,579	2,919	12,499	1,198	79
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		11.7	8,473	3,361	11,833	1,008	53
355		Pix1	6.5	4,869	1,974	6,843	1,050	25
355		Pix2	13.0	8,712	3,612	12,323	948	10
355		Pix3	18.2	12,984	4,390	17,374	956	6
355		Pix4	37.0	31,400	10,500	41,900	1,132	16

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		7.0	6,200	2,483	8,682	1,235	261
356		Plx1	4.7	4,616	1,932	6,549	1,379	167
356		Plx2	10.4	8,188	3,122	11,310	1,083	61
356		Plx3	17.6	11,634	4,453	16,087	912	25
356		Plx4	23.6	14,560	5,744	20,303	860	15
358	Lower Extremity Procedures With Infection		7.5	5,330	2,380	7,710	1,030	198
358		Plx1	6.2	4,336	2,088	6,424	1,030	151
358		Plx2	7.9	6,006	2,379	8,385	1,063	27
358		Plx3	14.7	9,384	3,867	13,252	901	7
358		Plx4	31.8	25,591	10,490	36,081	1,134	21
359	Upper Extremity Procedures With Infection		5.1	4,145	2,069	6,214	1,208	49
359		Plx1	4.5	3,299	1,849	5,147	1,150	42
359		Plx2	7.8	7,193	2,803	9,997	1,290	4
359		Plx3	8.0	9,455	3,556	13,011	1,626	3
359		Plx4	19.8	18,138	6,768	24,906	1,258	5
360	Upper Extremity Amputations And Revisions		8.4	4,921	2,049	6,970	830	68
360		Plx1	5.2	3,188	1,324	4,512	872	40
360		Plx2	10.6	6,048	2,463	8,511	802	18
360		Plx3	7.4	5,733	3,215	8,948	1,209	5
360		Plx4	32.8	20,756	6,893	27,649	843	10
361	Musculoskeletal Biopsy For Malignancy		12.7	9,356	3,278	12,634	996	54
361		Plx1	6.8	4,680	1,686	6,366	932	35
361		Plx2	23.9	13,928	5,150	19,078	799	8
361		Plx3	13.0	15,530	5,557	21,087	1,622	5
361		Plx4	34.5	25,007	8,269	33,276	965	6
362	Musculoskeletal Biopsy Without Malignancy		17.0	9,869	3,577	13,446	793	87
362		Plx1	10.4	5,416	1,867	7,283	701	52
362		Plx2	18.8	9,185	3,333	12,518	667	13
362		Plx3	27.2	14,495	5,042	19,537	718	5
362		Plx4	33.4	30,899	10,803	41,703	1,250	14

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
363	Back And Neck Procedures With Fusion		5.5	7,732	2,292	10,024	1,818	1,098
363		Plx1	4.7	6,604	1,948	8,552	1,827	816
363		Plx2	7.5	10,391	3,062	13,452	1,786	179
363		Plx3	9.8	12,524	3,477	16,002	1,633	74
363		Plx4	21.4	26,882	7,876	34,758	1,627	64
365	Back And Neck Procedures Without Fusion		2.9	3,014	1,140	4,155	1,441	1,934
365		Plx1	2.8	2,917	1,113	4,030	1,464	1,812
365		Plx2	6.7	5,496	1,852	7,348	1,099	111
365		Plx3	7.6	6,030	2,076	8,106	1,063	45
365		Plx4	14.4	10,214	3,807	14,021	971	16
367	Shoulder Arthroplasty		3.6	5,422	1,453	6,874	1,906	150
367		Plx1	3.6	5,339	1,430	6,769	1,879	141
367		Plx2	3.7	6,464	1,953	8,416	2,295	6
367		Plx3	6.0	6,511	1,429	7,940	1,323	2
367		Plx4	3.5	6,971	1,480	8,451	2,414	2
368	Major Hip And Knee Procedures		3.9	4,057	1,642	5,699	1,449	104
368		Plx1	3.2	3,539	1,423	4,962	1,549	84
368		Plx2	5.8	5,802	2,236	8,038	1,378	12
368		Plx3	9.6	7,938	3,620	11,557	1,204	5
368		Plx4	7.3	5,141	2,103	7,245	988	3
369	Major Lower Extremity Procedures		3.1	3,498	1,273	4,771	1,560	645
369		Plx1	3.0	3,360	1,219	4,579	1,547	608
369		Plx2	5.9	6,298	2,384	8,682	1,480	30
369		Plx3	5.8	6,072	2,250	8,322	1,443	13
369		Plx4	22.8	18,137	5,889	24,025	1,054	5
372	Major Upper Extremity Procedures		1.8	2,678	969	3,647	2,063	267
372		Plx1	1.8	2,657	965	3,622	2,065	264
372		Plx2	9.3	6,196	2,561	8,757	938	9
372		Plx3	7.6	9,091	2,365	11,457	1,507	5
372		Plx4	102.8	44,947	17,412	62,359	607	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
374	Minor Lower Extremity Procedures		1.7	2,290	874	3,164	1,823	787
374		Plx1	1.7	2,265	866	3,131	1,821	770
374		Plx2	4.1	4,254	1,535	5,789	1,408	27
374		Plx3	7.0	5,456	1,933	7,390	1,056	5
374		Plx4	32.5	31,512	14,530	46,041	1,417	2
375	Minor Upper Extremity Procedures		1.4	1,962	702	2,664	1,953	1,014
375		Plx1	1.4	1,954	698	2,652	1,962	1,001
375		Plx2	2.4	2,400	983	3,383	1,400	12
375		Plx3	2.8	2,182	944	3,126	1,116	5
375		Plx4	3.6	4,036	1,136	5,172	1,437	5
376	Miscellaneous Musculoskeletal Procedures		3.1	5,076	1,985	7,061	2,294	231
376		Plx1	2.8	4,272	1,707	5,979	2,172	198
376		Plx2	4.3	8,431	2,878	11,309	2,620	19
376		Plx3	5.8	13,191	5,940	19,131	3,280	6
376		Plx4	7.0	13,042	4,418	17,460	2,494	8
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		7.0	5,551	2,215	7,765	1,116	474
377		Plx1	5.0	4,127	1,632	5,759	1,157	342
377		Plx2	10.4	7,357	3,189	10,545	1,010	70
377		Plx3	14.7	9,805	3,975	13,779	939	40
377		Plx4	29.8	25,093	9,233	34,326	1,151	33
378	Soft Tissue Procedures (MNRH)		2.2	2,669	1,007	3,676	1,651	212
378		Plx1	2.1	2,572	972	3,545	1,667	197
378		Plx2	5.0	4,242	1,598	5,840	1,168	16
378		Plx3	15.0	10,967	3,979	14,946	996	3
378		Plx4	6.3	11,203	3,427	14,630	2,310	3
379	Other Musculoskeletal Procedures (MNRH)		1.7	1,831	753	2,584	1,516	732
379		Plx1	1.7	1,800	745	2,545	1,508	714
379		Plx2	3.6	3,521	1,241	4,762	1,310	22
379		Plx3	6.2	4,786	2,138	6,925	1,117	5
379		Plx4	13.0	12,184	3,843	16,027	1,233	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
380	Other Lower Extremity Procedures (MNRH)		1.5	1,639	654	2,293	1,486	526
380		Plx1	1.5	1,625	646	2,271	1,485	514
380		Plx2	2.4	2,671	1,018	3,689	1,553	8
380		Plx3	6.8	3,568	2,103	5,671	834	5
380		Plx4	2.0	1,353	624	1,978	989	1
381	Hand And Wrist Procedures (MNRH)		1.0	1,905	617	2,523	2,523	118
381		Plx1	1.0	1,905	617	2,523	2,523	118
381		Plx2	2.6	3,207	1,023	4,231	1,627	5
381		Plx3						
381		Plx4						
382	Arthroscopy (MNRH)		3.1	2,123	826	2,949	941	15
382		Plx1	1.1	1,128	449	1,577	1,445	11
382		Plx2	10.5	6,508	3,013	9,521	907	2
382		Plx3						
382		Plx4	19.0	12,766	6,690	19,456	1,024	2
383	PWS - Joint Replacement For Malignancy		11.8	11,855	3,757	15,612	1,319	31
383		Plx1	9.3	8,726	3,684	12,410	1,333	13
383		Plx2	12.5	12,573	3,423	15,996	1,280	12
383		Plx3	11.4	13,967	4,218	18,186	1,595	5
383		Plx4	31.0	21,329	7,266	28,596	922	5
384	PWS - Back And Neck Procedures For Malignancy		17.5	18,145	5,069	23,214	1,327	54
384		Plx1	10.8	11,334	2,867	14,201	1,313	16
384		Plx2	14.4	15,007	4,568	19,576	1,363	14
384		Plx3	14.7	17,880	5,344	23,224	1,578	7
384		Plx4	27.5	27,249	7,440	34,688	1,260	17
385	PWS - Major Orthopaedic Oncology Procedures		5.2	5,876	2,396	8,272	1,605	46
385		Plx1	4.5	4,884	2,240	7,124	1,588	39
385		Plx2	9.7	9,714	2,966	12,680	1,305	7
385		Plx3	8.5	9,076	3,902	12,978	1,527	2
385		Plx4	32.0	45,731	20,840	66,571	2,080	6

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
386	**Other Orthopaedic Oncology Procedures**		**4.7**	**4,925**	**2,081**	**7,006**	**1,487**	**59**
386		Plx1	3.8	4,055	1,754	5,809	1,542	47
386		Plx2	8.3	7,173	2,908	10,080	1,222	8
386		Plx3	11.0	10,764	4,295	15,058	1,369	5
386		Plx4						
391	**Secondary Neoplasms And Pathological Fractures**		**13.5**	**6,561**	**2,336**	**8,897**	**659**	**549**
391		Plx1	10.8	4,405	1,630	6,035	561	308
391		Plx2	15.5	7,079	2,493	9,572	617	115
391		Plx3	20.6	9,808	3,460	13,267	643	71
391		Plx4	24.0	15,227	5,510	20,736	863	67
392	**Osteomyelitis**		**8.9**	**5,013**	**2,158**	**7,171**	**808**	**121**
392		Plx1	7.2	3,917	1,730	5,647	786	70
392		Plx2	10.6	5,951	2,517	8,468	800	17
392		Plx3	10.3	6,282	2,486	8,768	850	22
392		Plx4	19.9	9,933	4,287	14,219	716	14
393	**Rheumatoid Arthritis**		**9.1**	**5,351**	**1,986**	**7,336**	**806**	**142**
393		Plx1	6.8	3,560	1,306	4,867	717	86
393		Plx2	12.8	5,584	2,203	7,787	610	21
393		Plx3	14.9	7,154	2,960	10,115	679	18
393		Plx4	24.4	20,317	7,937	28,254	1,158	22
394	**Septic Arthritis**		**6.4**	**2,900**	**1,063**	**3,963**	**615**	**59**
394		Plx1	5.1	2,121	806	2,927	577	41
394		Plx2	15.6	8,790	2,793	11,583	743	5
394		Plx3	7.6	3,870	1,430	5,300	700	7
394		Plx4	36.0	16,423	6,090	22,513	625	12
397	**Non-Inflammatory Arthritis**		**10.2**	**4,621**	**1,541**	**6,163**	**603**	**126**
397		Plx1	7.6	3,157	1,142	4,299	565	82
397		Plx2	9.2	6,162	1,715	7,876	860	25
397		Plx3	21.8	8,778	3,114	11,892	547	8
397		Plx4	38.0	16,355	4,909	21,264	560	6

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
398	Other Inflammatory Arthritis		5.8	3,087	1,081	4,169	720	505
398		Plx1	4.4	2,054	713	2,767	636	345
398		Plx2	8.6	3,653	1,286	4,939	572	58
398		Plx3	7.9	4,009	1,545	5,554	701	61
398		Plx4	16.7	15,203	4,726	19,929	1,196	50
399	Orthopaedic Aftercare		6.7	3,234	1,257	4,491	670	315
399		Plx1	4.9	2,331	921	3,252	663	244
399		Plx2	12.3	5,895	2,430	8,325	680	36
399		Plx3	11.2	4,986	1,941	6,927	618	15
399		Plx4	21.3	11,047	4,074	15,121	710	24
401	Other Musculoskeletal Malignancies		7.4	5,155	1,791	6,946	939	45
401		Plx1	5.4	3,985	1,398	5,383	990	25
401		Plx2	12.4	6,083	2,417	8,500	687	8
401		Plx3	6.5	4,977	1,406	6,384	982	8
401		Plx4	14.4	12,577	4,237	16,814	1,168	5
402	Disc Disease		7.2	2,765	987	3,751	518	504
402		Plx1	6.4	2,381	844	3,225	506	427
402		Plx2	12.2	4,796	1,701	6,498	532	48
402		Plx3	17.6	6,913	2,621	9,535	541	19
402		Plx4	30.2	14,095	5,592	19,687	652	21
404	Other Musculoskeletal Infections		2.4	1,495	1,121	2,616	1,090	5
404		Plx1	2.4	1,495	1,121	2,616	1,090	5
404		Plx2						
404		Plx3						
404		Plx4						
407	Other Musculoskeletal Disorders		3.7	2,448	919	3,367	905	64
407		Plx1	3.2	1,964	716	2,680	831	53
407		Plx2	7.6	3,648	1,667	5,315	697	8
407		Plx3	7.0	4,769	1,838	6,607	944	3
407		Plx4	3.0	6,377	1,871	8,248	2,749	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
409	Back Pain (MNRH)		4.3	1,737	590	2,327	536	418
409		Plx1	4.1	1,595	548	2,143	523	380
409		Plx2	10.0	4,057	1,355	5,412	541	33
409		Plx3	12.1	6,224	2,066	8,291	687	14
409		Plx4	21.1	10,608	3,347	13,955	661	9
411	Signs, Symptoms And Deformities (MNRH)		4.2	2,013	716	2,729	650	354
411		Plx1	3.9	1,881	665	2,546	661	301
411		Plx2	8.0	3,390	1,235	4,624	578	34
411		Plx3	5.8	2,778	988	3,767	645	19
411		Plx4	12.0	5,268	2,200	7,468	622	6
413	Joint Derangements (MNRH)		3.7	1,607	620	2,227	597	63
413		Plx1	3.3	1,470	560	2,030	613	55
413		Plx2	7.4	2,502	911	3,413	461	5
413		Plx3	3.2	1,161	394	1,555	486	5
413		Plx4						
414	Sprains Strains And Minor Injuries (MNRH)		3.9	1,686	639	2,325	598	110
414		Plx1	3.7	1,591	600	2,191	599	102
414		Plx2	4.0	1,765	719	2,484	621	5
414		Plx3	4.2	2,641	1,076	3,717	885	5
414		Plx4	15.5	9,469	3,105	12,574	811	2
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		4.2	4,069	1,790	5,860	1,395	342
425		Plx1	3.5	3,235	1,449	4,683	1,332	294
425		Plx2	8.0	8,098	3,469	11,567	1,453	27
425		Plx3	8.2	10,683	4,353	15,036	1,839	17
425		Plx4	29.1	22,755	10,954	33,709	1,158	9
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		22.2	12,108	5,186	17,294	780	304
427		Plx1	15.5	7,734	3,442	11,176	722	181
427		Plx2	27.2	13,988	5,680	19,668	722	37
427		Plx3	26.6	14,771	6,671	21,442	807	39
427		Plx4	56.9	35,454	14,238	49,692	873	57

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.2	2,139	833	2,972	2,496	871
428		Plx1	1.2	2,108	823	2,931	2,513	854
428		Plx2	5.0	7,373	2,708	10,081	2,016	29
428		Plx3	5.3	8,413	2,832	11,245	2,122	10
428		Plx4	9.4	12,840	4,584	17,424	1,854	5
429	Total Mastectomy For Breast Malignancy		2.0	2,422	933	3,356	1,648	1,104
429		Plx1	1.7	2,056	807	2,863	1,640	1,007
429		Plx2	5.2	6,738	2,156	8,894	1,712	46
429		Plx3	5.4	6,794	2,765	9,560	1,761	14
429		Plx4	6.0	9,407	2,977	12,384	2,064	5
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.5	1,989	699	2,688	1,805	923
432		Plx1	1.5	1,972	694	2,666	1,807	907
432		Plx2	2.7	3,008	1,071	4,078	1,529	15
432		Plx3	5.6	3,268	1,375	4,643	829	5
432		Plx4	17.0	10,870	4,525	15,394	906	5
434	Breast Biopsy And Local Excision Without Malignancy		1.0	1,174	416	1,590	1,590	33
434		Plx1	1.0	1,174	416	1,590	1,590	33
434		Plx2	2.8	2,121	715	2,836	1,013	5
434		Plx3						
434		Plx4						
435	Perianal And Pilonidal Cyst Procedures		1.5	1,157	497	1,654	1,087	48
435		Plx1	1.5	1,157	497	1,654	1,087	48
435		Plx2						
435		Plx3	1.0	1,598	711	2,309	2,309	1
435		Plx4						
436	Plastic Surgery		1.8	2,356	1,044	3,401	1,883	62
436		Plx1	1.7	2,266	1,016	3,283	1,937	59
436		Plx2	3.2	3,452	1,442	4,895	1,530	5
436		Plx3						
436		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		1.4	1,772	692	2,464	1,762	103
437		Plx1	1.3	1,716	639	2,355	1,757	97
437		Plx2	2.3	2,664	1,548	4,212	1,805	6
437		Plx3	10.3	5,274	2,415	7,689	750	4
437		Plx4						
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		4.2	2,996	1,116	4,112	989	132
438		Plx1	3.7	2,708	1,031	3,738	1,003	117
438		Plx2	13.0	6,127	2,374	8,501	654	9
438		Plx3	10.4	5,282	1,886	7,168	691	8
438		Plx4	6.4	8,985	3,207	12,192	1,905	5
439	Skin Ulcer		14.5	5,854	2,362	8,216	569	91
439		Plx1	11.0	4,136	1,711	5,847	534	40
439		Plx2	13.9	5,695	2,231	7,926	572	15
439		Plx3	16.6	6,497	2,683	9,180	554	24
439		Plx4	34.3	12,500	4,794	17,294	504	15
440	Major Skin Disorders		6.5	3,724	1,410	5,134	787	99
440		Plx1	5.6	2,975	1,182	4,157	747	67
440		Plx2	8.2	3,754	1,369	5,123	626	16
440		Plx3	8.8	5,061	1,781	6,842	776	11
440		Plx4	6.8	7,072	1,907	8,979	1,320	5
443	Malignant Breast Disorders		9.2	5,153	1,791	6,944	756	32
443		Plx1	8.8	4,619	1,540	6,159	697	12
443		Plx2	8.0	3,826	1,214	5,041	630	10
443		Plx3	15.4	7,860	4,104	11,964	778	8
443		Plx4	15.8	11,194	2,633	13,827	875	5
446	Non-Malignant Breast Disorders		2.9	1,488	533	2,021	687	35
446		Plx1	2.9	1,488	533	2,021	687	35
446		Plx2						
446		Plx3						
446		Plx4	18.0	10,931	3,394	14,325	796	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
447	Cellulitis		5.4	2,370	909	3,279	606	1,244
447		Pix1	4.7	2,020	791	2,811	593	923
447		Pix2	7.9	3,418	1,341	4,758	600	182
447		Pix3	9.3	4,167	1,535	5,702	614	114
447		Pix4	15.6	7,615	2,717	10,332	662	75
452	Trauma Of Skin, Subcutaneous Tissue And Breast		2.3	1,580	532	2,112	936	82
452		Pix1	1.9	1,451	491	1,942	1,013	73
452		Pix2	4.4	2,333	889	3,221	732	5
452		Pix3	3.8	2,345	837	3,182	837	5
452		Pix4	11.0	11,419	3,552	14,971	1,361	2
454	Minor Skin Disorders		3.3	1,507	627	2,134	648	195
454		Pix1	3.0	1,358	579	1,938	650	158
454		Pix2	5.3	2,262	883	3,145	599	20
454		Pix3	5.1	2,143	891	3,035	591	15
454		Pix4	12.7	7,016	2,433	9,449	743	7
476	PWS - Adrenal And Pituitary Procedures		5.4	6,884	2,287	9,172	1,711	205
476		Pix1	4.2	5,698	1,998	7,696	1,837	147
476		Pix2	6.3	8,886	2,757	11,643	1,859	19
476		Pix3	10.3	11,236	3,547	14,782	1,433	22
476		Pix4	17.5	21,129	7,200	28,329	1,616	15
477	Parathyroid Procedures		2.3	2,938	1,114	4,052	1,768	147
477		Pix1	2.1	2,765	1,037	3,802	1,790	129
477		Pix2	3.6	4,096	2,011	6,106	1,685	8
477		Pix3	5.8	6,018	2,340	8,358	1,449	13
477		Pix4	12.0	10,925	3,236	14,161	1,180	6
478	Obesity Procedures		2.5	2,579	1,144	3,723	1,468	84
478		Pix1	2.4	2,512	1,120	3,632	1,526	79
478		Pix2	5.4	3,578	1,672	5,250	972	5
478		Pix3	4.0	3,186	1,854	5,040	1,260	3
478		Pix4	17.6	16,375	7,648	24,023	1,365	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
479	Thyroid Procedures		1.6	2,413	947	3,359	2,072	724
479		Plx1	1.6	2,324	926	3,251	2,071	686
479		Plx2	2.6	3,811	1,255	5,066	1,982	9
479		Plx3	3.2	4,244	1,330	5,574	1,752	33
479		Plx4	12.8	17,595	5,991	23,587	1,838	12
480	Thyroglossal Procedures		1.2	1,709	670	2,379	1,967	43
480		Plx1	1.2	1,697	666	2,363	1,985	42
480		Plx2	2.0	2,236	817	3,053	1,526	1
480		Plx3						
480		Plx4						
482	Other Endocrine, Nutrition And Metabolic Procedures		6.5	5,885	2,367	8,252	1,268	61
482		Plx1	2.8	3,036	1,208	4,245	1,533	39
482		Plx2	17.1	12,571	5,199	17,770	1,038	8
482		Plx3	10.4	8,889	3,186	12,076	1,158	7
482		Plx4	32.2	27,066	11,289	38,355	1,192	11
483	Diabetes		4.6	2,189	813	3,002	651	1,601
483		Plx1	3.6	1,649	631	2,281	625	1,130
483		Plx2	7.0	3,018	1,142	4,160	597	223
483		Plx3	7.4	3,330	1,248	4,578	623	147
483		Plx4	12.2	7,723	2,758	10,482	858	137
485	Nutritional And Miscellaneous Metabolic Disorders		4.9	2,442	852	3,294	671	1,841
485		Plx1	3.8	1,807	634	2,442	635	1,138
485		Plx2	6.6	3,243	1,167	4,411	669	401
485		Plx3	7.8	4,060	1,427	5,487	701	226
485		Plx4	15.8	8,807	3,188	11,995	759	134
487	Cystic Fibrosis		12.0	8,450	2,893	11,343	947	158
487		Plx1	11.1	7,186	2,522	9,708	874	107
487		Plx2	12.9	8,413	2,906	11,320	876	27
487		Plx3	15.5	11,508	3,938	15,446	996	14
487		Plx4	15.3	17,803	5,486	23,289	1,525	11

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		4.7	4,241	1,317	5,558	1,178	82
488		Plx1	3.3	2,917	890	3,808	1,145	52
488		Plx2	6.9	4,497	1,651	6,148	887	14
488		Plx3	7.6	6,001	2,300	8,302	1,092	10
488		Plx4	14.2	25,660	6,766	32,426	2,289	6
489	Endocrine Disorders		3.9	2,608	846	3,454	884	431
489		Plx1	2.6	2,021	614	2,635	1,013	322
489		Plx2	7.8	4,214	1,469	5,683	729	73
489		Plx3	11.5	6,223	2,197	8,420	731	23
489		Plx4	13.3	10,611	3,533	14,145	1,066	15
500	PWS - Kidney Transplant		9.2	12,681	4,285	16,965	1,834	253
500		Plx1	7.1	9,693	3,318	13,010	1,837	96
500		Plx2	7.4	10,098	3,972	14,070	1,891	41
500		Plx3	9.9	13,109	4,512	17,621	1,789	54
500		Plx4	14.7	20,488	6,287	26,775	1,826	63
501	Urinary Diversion And Augmentation		11.9	8,621	3,831	12,452	1,045	188
501		Plx1	10.1	7,346	3,398	10,743	1,060	121
501		Plx2	12.7	9,407	4,136	13,543	1,068	37
501		Plx3	15.2	9,768	4,427	14,196	935	11
501		Plx4	31.4	28,609	11,742	40,351	1,283	25
502	Radical Prostatectomy		4.7	3,829	1,757	5,586	1,178	938
502		Plx1	4.6	3,738	1,693	5,431	1,171	807
502		Plx2	5.0	4,130	2,004	6,135	1,224	90
502		Plx3	8.1	5,539	2,643	8,183	1,017	40
502		Plx4	6.4	5,414	2,755	8,169	1,276	10
503	Dialysis Procedures		12.4	9,404	3,827	13,231	1,071	185
503		Plx1	3.7	2,960	1,551	4,511	1,228	98
503		Plx2	13.2	9,587	4,169	13,755	1,040	22
503		Plx3	13.4	10,226	3,936	14,162	1,058	23
503		Plx4	55.6	38,336	14,041	52,376	942	42

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
504	**Major Urinary Tract Procedures**		5.1	4,598	1,941	6,539	1,282	1,096
504		Plx1	4.6	4,190	1,784	5,974	1,288	888
504		Plx2	6.9	6,141	2,592	8,733	1,273	129
504		Plx3	8.9	7,036	2,783	9,819	1,106	67
504		Plx4	14.9	15,049	6,214	21,263	1,430	52
505	**Reconstructive Urological Procedures**		4.9	3,721	1,878	5,599	1,142	91
505		Plx1	4.2	3,093	1,560	4,652	1,103	74
505		Plx2	6.7	4,748	2,469	7,217	1,075	7
505		Plx3	8.2	6,824	3,571	10,396	1,268	5
505		Plx4	10.1	8,579	3,969	12,548	1,239	8
506	**Open Prostatectomy**		3.8	3,191	1,346	4,537	1,195	44
506		Plx1	3.1	2,892	1,170	4,062	1,326	32
506		Plx2	5.4	4,044	1,707	5,751	1,070	8
506		Plx3	10.8	5,459	2,595	8,054	746	5
506		Plx4	8.5	4,294	2,068	6,362	748	2
507	**Vascular And Other Urinary Procedures**		8.9	7,237	2,727	9,964	1,122	69
507		Plx1	4.4	3,546	1,379	4,926	1,132	40
507		Plx2	12.6	6,986	2,832	9,818	779	5
507		Plx3	20.0	12,932	4,224	17,157	858	8
507		Plx4	36.9	34,211	12,529	46,741	1,267	27
508	**Minor Upper Urinary Tract Procedures**		5.1	4,333	1,744	6,077	1,199	504
508		Plx1	4.1	3,728	1,548	5,276	1,290	408
508		Plx2	8.6	5,961	2,208	8,169	946	44
508		Plx3	10.4	7,463	2,822	10,285	989	35
508		Plx4	20.0	15,197	5,176	20,373	1,017	25
509	**Minor Lower Urinary Tract Procedures**		2.6	2,574	1,004	3,579	1,402	152
509		Plx1	2.5	2,493	969	3,461	1,412	144
509		Plx2	5.8	3,849	1,810	5,659	970	6
509		Plx3	11.0	6,905	2,993	9,898	900	5
509		Plx4	8.7	17,653	3,898	21,551	2,487	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
510	Transurethral Prostatectomy		2.3	1,760	739	2,498	1,070	1,361
510		Pix1	2.3	1,733	727	2,459	1,082	1,319
510		Pix2	5.6	3,089	1,298	4,387	781	34
510		Pix3	7.7	3,549	1,470	5,019	653	19
510		Pix4	11.7	6,505	2,728	9,233	791	12
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.9	1,584	541	2,125	1,122	1,740
512		Pix1	1.8	1,557	532	2,088	1,131	1,690
512		Pix2	4.3	2,768	984	3,752	864	38
512		Pix3	7.6	5,090	1,869	6,959	916	20
512		Pix4	12.6	8,593	3,223	11,816	939	17
514	Miscellaneous Urinary Tract Procedures (MNRH)		2.3	2,006	728	2,734	1,200	18
514		Pix1	2.2	2,008	725	2,733	1,256	17
514		Pix2	3.0	2,121	734	2,855	952	2
514		Pix3	4.0	1,007	524	1,532	383	1
514		Pix4						
520	Renal Failure With Dialysis		14.5	10,018	3,715	13,732	949	382
520		Pix1	8.3	4,864	1,801	6,666	802	116
520		Pix2	13.2	8,444	3,186	11,630	879	74
520		Pix3	15.4	9,715	3,763	13,477	874	72
520		Pix4	24.5	17,930	6,484	24,414	995	128
521	Renal Failure Without Dialysis		7.6	3,867	1,416	5,283	693	786
521		Pix1	5.5	2,708	1,007	3,715	672	305
521		Pix2	7.6	3,461	1,303	4,764	626	224
521		Pix3	9.8	4,653	1,774	6,427	654	174
521		Pix4	16.7	10,461	3,677	14,139	846	102
522	Urinary Neoplasm		9.6	4,690	1,694	6,384	666	267
522		Pix1	5.8	2,934	1,012	3,946	679	113
522		Pix2	10.1	4,696	1,696	6,393	635	66
522		Pix3	12.8	5,633	2,061	7,694	601	49
522		Pix4	14.3	8,003	2,917	10,920	765	36

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
524	Nephrotic Syndrome		4.8	2,808	993	3,801	792	89
524		Plx1	3.8	2,262	779	3,041	795	63
524		Plx2	5.5	2,991	1,102	4,093	738	11
524		Plx3	8.2	4,807	1,803	6,610	809	12
524		Plx4	13.0	8,186	2,639	10,825	833	5
525	Nephropathy Without Nephrotic Syndrome		4.0	2,628	913	3,541	877	83
525		Plx1	2.6	1,661	570	2,231	862	46
525		Plx2	4.1	2,594	914	3,508	851	8
525		Plx3	5.2	3,198	1,158	4,356	844	19
525		Plx4	9.5	6,346	2,114	8,461	895	11
526	Miscellaneous Nephrological Diagnosis		4.9	2,628	920	3,548	724	31
526		Plx1	4.2	2,018	697	2,715	641	17
526		Plx2	4.8	3,513	1,141	4,655	963	6
526		Plx3	5.5	2,604	1,036	3,640	662	6
526		Plx4	11.3	7,606	2,673	10,280	907	3
527	Upper Urinary Tract Infection		4.0	1,888	672	2,560	647	817
527		Plx1	3.5	1,650	598	2,248	647	659
527		Plx2	5.6	2,620	925	3,545	633	60
527		Plx3	6.0	2,954	998	3,952	654	66
527		Plx4	9.7	5,814	1,825	7,639	791	32
529	Lower Urinary Tract Infection		5.2	2,439	914	3,353	643	1,213
529		Plx1	4.4	2,045	761	2,807	633	794
529		Plx2	6.5	2,867	1,133	4,001	611	232
529		Plx3	6.7	3,270	1,197	4,467	671	127
529		Plx4	14.5	7,516	2,894	10,410	718	81
532	Urinary Retention And Other Functional Disorders Of Bladder		3.2	1,353	538	1,891	586	132
532		Plx1	3.0	1,269	502	1,771	589	116
532		Plx2	4.8	1,930	793	2,724	569	14
532		Plx3	5.6	2,138	909	3,047	544	5
532		Plx4	40.0	15,073	6,229	21,302	533	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
534	Miscellaneous Urological Diagnoses (MNRH)		4.2	2,375	856	3,231	774	217
534		Plx1	3.3	1,814	642	2,456	736	164
534		Plx2	5.3	2,789	1,110	3,899	737	24
534		Plx3	8.1	4,176	1,639	5,816	718	21
534		Plx4	14.5	9,464	3,196	12,660	873	10
535	Hematuria (MNRH)		3.1	1,286	495	1,781	566	134
535		Plx1	3.1	1,269	484	1,753	569	108
535		Plx2	3.3	1,285	525	1,810	555	23
535		Plx3	5.2	2,194	878	3,072	591	5
535		Plx4	11.0	4,108	1,596	5,704	519	2
536	Urinary Obstruction (MNRH)		2.0	1,192	425	1,617	790	1,326
536		Plx1	1.9	1,130	401	1,531	787	1,222
536		Plx2	4.1	2,085	778	2,863	702	76
536		Plx3	5.7	3,119	1,185	4,303	750	46
536		Plx4	9.1	5,353	2,018	7,371	806	14
538	Admission For Dialysis (MNRH)		1.0	904	318	1,222	1,222	7
538		Plx1						
538		Plx2	1.0	904	318	1,222	1,222	7
538		Plx3	6.0	4,865	1,841	6,706	1,118	1
538		Plx4						
550	Major Pelvic And Retroperitoneum Procedures		3.0	3,579	1,555	5,134	1,711	3
550		Plx1	3.0	3,579	1,555	5,134	1,711	3
550		Plx2						
550		Plx3						
550		Plx4						
551	Penis Procedures		2.4	2,942	1,091	4,032	1,707	102
551		Plx1	2.1	2,836	1,039	3,875	1,811	93
551		Plx2	4.0	3,474	1,528	5,002	1,250	5
551		Plx3	11.7	8,205	3,658	11,863	1,017	3
551		Plx4	10.5	9,833	4,196	14,028	1,336	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
552	Testes Procedures		1.7	1,555	593	2,148	1,234	143
552		Plx1	1.5	1,469	551	2,020	1,305	135
552		Plx2	13.6	6,708	3,435	10,143	746	5
552		Plx3	14.0	6,891	2,319	9,210	658	2
552		Plx4	12.3	5,737	2,282	8,018	650	3
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,188	481	1,668	1,668	112
554		Plx1	1.0	1,170	477	1,646	1,646	110
554		Plx2	1.4	2,062	700	2,762	1,973	5
554		Plx3	7.3	7,504	2,474	9,978	1,376	4
554		Plx4						
555	Circumcision (MNRH)		1.0	1,397	443	1,840	1,840	9
555		Plx1	1.0	1,397	443	1,840	1,840	9
555		Plx2	2.0	928	427	1,355	677	1
555		Plx3	7.0	3,196	2,007	5,202	743	1
555		Plx4						
560	Malignancy Of Male Reproductive Organ		4.0	1,981	798	2,779	695	5
560		Plx1	4.0	2,150	857	3,007	752	5
560		Plx2						
560		Plx3	5.0	2,678	1,023	3,701	740	1
560		Plx4						
561	Male Reproductive System Inflammation		4.7	1,895	730	2,626	564	84
561		Plx1	4.0	1,567	598	2,166	543	70
561		Plx2	8.6	3,798	1,466	5,265	615	9
561		Plx3	5.8	2,916	1,024	3,941	679	5
561		Plx4	4.0	2,927	818	3,745	936	2
562	Other Male Reproductive System Diagnoses		2.5	1,105	412	1,517	614	17
562		Plx1	2.3	1,026	375	1,401	606	16
562		Plx2	4.7	2,086	1,064	3,150	675	3
562		Plx3						
562		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		1.7	1,051	382	1,432	843	10
563		Ptx1	1.7	1,051	382	1,432	843	10
563		Ptx2	1.0	1,016	790	1,807	1,807	1
563		Ptx3						
563		Ptx4						
575	PWS - Pelvic Exenteration		28.0	25,753	7,945	33,698	1,204	6
575		Ptx1						
575		Ptx2	20.3	13,910	5,344	19,254	951	4
575		Ptx3	16.0	16,316	4,868	21,184	1,177	1
575		Ptx4	34.8	32,233	9,964	42,196	1,214	4
576	PWS - Radical Hysterectomy And Vulvectomy		6.6	5,253	2,114	7,367	1,119	207
576		Ptx1	5.5	4,458	1,975	6,433	1,175	114
576		Ptx2	7.5	5,907	2,124	8,031	1,076	45
576		Ptx3	9.1	6,887	2,419	9,307	1,020	39
576		Ptx4	9.7	7,493	3,055	10,548	1,084	15
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		7.3	5,500	2,000	7,500	1,022	206
577		Ptx1	5.7	4,238	1,626	5,865	1,031	122
577		Ptx2	9.0	6,767	2,381	9,148	1,019	49
577		Ptx3	11.0	8,147	2,696	10,843	982	25
577		Ptx4	20.5	14,721	5,134	19,855	969	18
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.2	3,239	1,291	4,530	1,086	361
578		Ptx1	3.6	2,794	1,156	3,951	1,108	273
578		Ptx2	5.9	4,326	1,692	6,018	1,018	46
578		Ptx3	8.7	6,648	2,235	8,883	1,024	28
578		Ptx4	10.5	7,707	2,999	10,706	1,023	13
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	2,364	981	3,345	1,080	6,427
579		Ptx1	3.1	2,329	965	3,294	1,068	5,991
579		Ptx2	4.7	3,477	1,341	4,818	1,027	453
579		Ptx3	5.7	4,248	1,635	5,882	1,025	214
579		Ptx4	7.9	6,441	2,322	8,763	1,105	99

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		3.1	2,462	954	3,416	1,093	1,415
581		Plx1	2.9	2,283	901	3,184	1,099	1,264
581		Plx2	5.2	4,049	1,358	5,407	1,032	114
581		Plx3	6.0	4,781	1,644	6,425	1,067	42
581		Plx4	8.2	6,021	2,343	8,364	1,020	15
582	Other Gynecological Procedures		3.1	2,309	937	3,246	1,061	136
582		Plx1	2.8	2,074	839	2,913	1,055	125
582		Plx2	8.3	5,900	2,340	8,240	992	13
582		Plx3	8.8	5,111	2,425	7,536	856	5
582		Plx4	23.4	12,372	4,877	17,249	737	5
583	Radio-Implant For Malignancy		2.1	3,294	728	4,022	1,933	62
583		Plx1	2.1	3,294	728	4,022	1,933	62
583		Plx2						
583		Plx3	5.3	3,660	1,416	5,075	952	3
583		Plx4						
584	Vagina, Cervix And Vulva Procedures		2.1	1,746	591	2,336	1,103	144
584		Plx1	2.0	1,665	557	2,221	1,095	137
584		Plx2	5.7	4,252	1,520	5,772	1,019	9
584		Plx3	7.3	3,973	1,427	5,400	745	4
584		Plx4						
585	Gynecological Laparoscopy (MNRH)		2.2	1,624	563	2,187	987	148
585		Plx1	2.2	1,624	563	2,187	987	148
585		Plx2	3.3	804	578	1,381	425	4
585		Plx3	2.3	1,113	537	1,650	707	3
585		Plx4	9.0	5,828	1,671	7,498	833	1
586	Tubal Interruption (MNRH)		1.2	1,284	603	1,887	1,527	17
586		Plx1	1.2	1,284	603	1,887	1,527	17
586		Plx2						
586		Plx3						
586		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.3	899	314	1,213	942	404
587		Plx1	1.3	883	309	1,192	935	396
587		Plx2	8.2	4,350	1,706	6,056	739	5
587		Plx3	1.6	1,527	538	2,065	1,291	5
587		Plx4	11.3	7,836	3,186	11,022	972	3
592	Malignancy Of Female Reproductive Organ		9.0	4,048	1,437	5,485	606	105
592		Plx1	6.2	2,884	975	3,859	620	53
592		Plx2	11.4	4,690	1,772	6,462	565	28
592		Plx3	11.0	4,821	1,614	6,435	585	10
592		Plx4	15.6	7,369	2,775	10,144	651	14
594	Female Reproductive System Infection		3.1	1,335	468	1,803	582	145
594		Plx1	3.1	1,328	466	1,794	583	140
594		Plx2	4.2	1,655	557	2,211	527	5
594		Plx3	1.7	914	294	1,208	725	3
594		Plx4						
595	Other Female Reproductive System Diagnoses And Injuries		2.5	1,172	387	1,559	621	110
595		Plx1	2.4	1,093	365	1,457	603	103
595		Plx2	5.2	2,067	715	2,782	535	5
595		Plx3	3.7	2,880	852	3,731	1,018	3
595		Plx4						
596	Miscellaneous Gynecological Diagnoses (MNRH)		1.9	1,029	342	1,370	704	403
596		Plx1	1.9	983	328	1,311	697	385
596		Plx2	2.8	1,610	490	2,099	745	11
596		Plx3	5.2	2,805	994	3,799	731	5
596		Plx4	9.0	4,727	1,690	6,417	713	5
599	Premature Labour		3.2	1,891	700	2,591	799	541
599		Plx9	3.2	1,891	700	2,591	799	541
600	Major Procedures In Pregnancy Or Childbirth		6.1	6,104	2,066	8,169	1,346	115
600		Plx9	6.1	6,104	2,066	8,169	1,346	115
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.4	2,449	872	3,321	991	1,167

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
601		Plx9	3.4	2,449	872	3,321	991	1,167
602	Caesarean Delivery With Complicating Diagnosis		4.0	3,003	1,057	4,060	1,016	2,858
602		Plx9	4.0	3,003	1,057	4,060	1,016	2,858
603	Repeat Caesarean Delivery		2.7	1,886	704	2,590	962	1,388
603		Plx9	2.7	1,886	704	2,590	962	1,388
604	Caesarean Delivery		3.4	2,464	884	3,347	987	2,807
604		Plx9	3.4	2,464	884	3,347	987	2,807
605	Fetal Surgery		3.2	1,820	586	2,406	752	5
605		Plx9	3.2	1,820	586	2,406	752	5
606	Vaginal Delivery With Sterilization Procedures		2.3	1,853	751	2,604	1,153	97
606		Plx9	2.3	1,853	751	2,604	1,153	97
607	Vaginal Delivery With Minor Procedures		2.3	2,112	760	2,872	1,248	193
607		Plx9	2.3	2,112	760	2,872	1,248	193
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		2.1	1,774	583	2,357	1,124	636
608		Plx9	2.1	1,774	583	2,357	1,124	636
609	Vaginal Delivery With Complicating Diagnosis		2.1	1,681	575	2,255	1,061	12,358
609		Plx9	2.1	1,681	575	2,255	1,061	12,358
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.6	1,438	496	1,934	1,182	742
610		Plx9	1.6	1,438	496	1,934	1,182	742
611	Vaginal Delivery		1.6	1,254	441	1,694	1,061	15,765
611		Plx9	1.6	1,254	441	1,694	1,061	15,765
612	Ectopic Pregnancy With Major Procedures		2.6	2,066	765	2,831	1,106	263
612		Plx9	2.6	2,066	765	2,831	1,106	263
613	Ectopic Pregnancy With Minor Procedures		1.6	1,594	556	2,150	1,375	321
613		Plx9	1.6	1,594	556	2,150	1,375	321
614	Ectopic Pregnancy		1.0	470	143	613	613	53
614		Plx9	1.0	470	143	613	613	53
615	Threatened Abortion		1.5	755	295	1,051	687	104
615		Plx9	1.5	755	295	1,051	687	104

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.1	2,653	716	3,369	3,088	11
616		Plx9	1.1	2,653	716	3,369	3,088	11
617	Abortive Outcome With D And C		1.0	648	202	850	851	1,361
617		Plx9	1.0	648	202	850	851	1,361
618	Abortive Outcome		1.3	775	278	1,053	783	270
618		Plx9	1.3	775	278	1,053	783	270
619	False Labour LOS < 3 Days (MNRH)		1.0	663	208	871	871	609
619		Plx9	1.0	663	208	871	871	609
620	Post-Partum Diagnosis With Procedures Other Than D And C		4.0	2,820	1,086	3,905	976	50
620		Plx9	4.0	2,820	1,086	3,905	976	50
621	Post-Partum Diagnosis With D And C		1.3	872	295	1,167	866	222
621		Plx9	1.3	872	295	1,167	866	222
622	Post-Partum Diagnosis		2.4	1,145	437	1,581	654	685
622		Plx9	2.4	1,145	437	1,581	654	685
623	Antepartum Diagnosis With Complicating Diagnosis		2.4	1,221	440	1,661	702	1,046
623		Plx9	2.4	1,221	440	1,661	702	1,046
624	Antepartum Diagnosis		1.7	920	321	1,241	749	1,131
624		Plx9	1.7	920	321	1,241	749	1,131
625	PWS - Neonates Weight < 750 Grams		23.1	44,228	10,504	54,732	2,367	135
625		Plx9	23.1	44,228	10,504	54,732	2,367	135
626	PWS - Neonates Weight 750-999 Grams		38.3	56,063	14,281	70,344	1,836	184
626		Plx9	38.3	56,063	14,281	70,344	1,836	184
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		23.7	32,240	9,023	41,263	1,743	15
627		Plx9	23.7	32,240	9,023	41,263	1,743	15
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		24.6	24,606	6,679	31,285	1,274	525
628		Plx9	24.6	24,606	6,679	31,285	1,274	525
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		19.1	32,923	9,482	42,405	2,221	11
630		Plx9	19.1	32,923	9,482	42,405	2,221	11
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		17.1	16,880	4,373	21,253	1,244	258

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
631		Plx9	17.1	16,880	4,373	21,253	1,244	258
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		12.5	8,206	2,337	10,543	843	715
632		Plx9	12.5	8,206	2,337	10,543	843	715
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		11.3	14,362	3,851	18,214	1,619	12
636		Plx9	11.3	14,362	3,851	18,214	1,619	12
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		10.3	11,419	3,173	14,592	1,416	328
637		Plx9	10.3	11,419	3,173	14,592	1,416	328
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		8.9	6,903	1,988	8,891	1,004	398
638		Plx9	8.9	6,903	1,988	8,891	1,004	398
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		5.9	3,326	1,036	4,361	742	1,213
639		Plx9	5.9	3,326	1,036	4,361	742	1,213
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		1.8	660	323	983	548	359
640		Plx9	1.8	660	323	983	548	359
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		11.0	22,158	6,870	29,028	2,630	53
643		Plx9	11.0	22,158	6,870	29,028	2,630	53
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		5.8	7,854	2,386	10,241	1,758	1,051
644		Plx9	5.8	7,854	2,386	10,241	1,758	1,051
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		3.4	2,662	881	3,543	1,031	2,060
645		Plx9	3.4	2,662	881	3,543	1,031	2,060
646	Neonates Weight > 2500 gm With Caesarian Delivery		3.0	979	493	1,471	485	6,849
646		Plx9	3.0	979	493	1,471	485	6,849
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		2.3	1,308	494	1,802	784	3,265
647		Plx9	2.3	1,308	494	1,802	784	3,265
648	Neonates Weight > 2500 gm (Normal Newborn)		1.4	511	252	763	527	25,265
648		Plx9	1.4	511	252	763	527	25,265
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		42.0	58,041	19,783	77,823	1,852	195
650		Plx1	14.6	17,219	6,184	23,402	1,600	8
650		Plx2	16.0	11,967	5,275	17,242	1,078	5
650		Plx3	29.4	25,397	7,668	33,065	1,124	7
650		Plx4	45.4	63,621	21,543	85,164	1,877	176

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		19.6	26,905	8,477	35,381	1,805	5
651		Plx9	22.0	26,124	9,530	35,654	1,621	5
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		27.6	34,715	9,364	44,078	1,597	5
652		Plx9	31.6	30,626	8,493	39,119	1,238	5
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		20.6	27,784	8,894	36,678	1,782	48
653		Plx9	20.6	27,784	8,894	36,678	1,782	48
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		16.9	28,861	9,915	38,776	2,292	12
654		Plx9	16.9	28,861	9,915	38,776	2,292	12
655	PWS - Spinal Procedures With Femur Procedures For Trauma		14.9	17,696	7,676	25,372	1,708	14
655		Plx9	14.9	17,696	7,676	25,372	1,708	14
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		18.0	31,343	10,722	42,065	2,337	6
656		Plx9	18.0	31,343	10,722	42,065	2,337	6
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.7	19,450	6,921	26,371	1,584	20
657		Plx9	16.7	19,450	6,921	26,371	1,584	20
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		14.3	14,707	5,596	20,303	1,424	164
658		Plx9	14.3	14,707	5,596	20,303	1,424	164
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		15.7	19,437	5,812	25,249	1,604	35
659		Plx9	15.7	19,437	5,812	25,249	1,604	35
660	PWS - Intracranial Procedures For Trauma		8.6	13,163	4,183	17,346	2,023	276
660		Plx1	5.0	6,052	2,199	8,251	1,639	120
660		Plx2	8.8	9,465	3,099	12,564	1,426	47
660		Plx3	9.7	14,690	4,451	19,141	1,967	26
660		Plx4	13.6	27,390	7,921	35,311	2,591	78
661	PWS - Spinal Procedures For Trauma		10.2	11,266	3,802	15,068	1,482	262
661		Plx1	8.3	8,488	2,936	11,424	1,372	171
661		Plx2	13.3	14,170	4,781	18,951	1,427	46
661		Plx3	13.1	14,050	4,666	18,716	1,427	25
661		Plx4	24.3	38,259	11,230	49,489	2,035	31
662	Femur Or Pelvic Procedures For Trauma		8.8	6,048	2,292	8,340	949	2,105
662		Plx1	7.0	4,938	1,912	6,850	982	1,430

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
662		Plx2	11.8	7,607	2,844	10,450	883	347
662		Plx3	14.5	9,134	3,253	12,387	854	182
662		Plx4	21.9	14,358	5,343	19,702	900	171
663	Thoraco-Abdominal Procedures For Trauma		7.4	8,071	2,844	10,915	1,473	274
663		Plx1	6.0	5,020	2,054	7,075	1,179	126
663		Plx2	6.5	5,978	2,182	8,161	1,250	53
663		Plx3	8.9	9,615	3,190	12,805	1,437	45
663		Plx4	15.0	21,991	7,108	29,099	1,938	61
664	Wound Debridement And Skin Graft For Trauma		6.3	5,530	2,335	7,866	1,247	1,031
664		Plx1	4.6	4,008	1,771	5,779	1,245	762
664		Plx2	9.7	8,303	3,408	11,710	1,208	177
664		Plx3	15.1	12,407	4,899	17,307	1,149	53
664		Plx4	22.9	23,997	8,804	32,800	1,434	50
665	PWS - Elevated Skull Fractures		6.3	8,108	3,078	11,185	1,769	31
665		Plx1	3.4	3,977	1,604	5,580	1,647	18
665		Plx2	8.1	8,041	3,125	11,166	1,374	8
665		Plx3	9.7	13,953	4,864	18,817	1,947	3
665		Plx4	14.4	23,497	8,860	32,357	2,247	5
666	Major Lower Extremity Procedures For Trauma		3.0	2,742	1,073	3,816	1,256	3,480
666		Plx1	2.9	2,649	1,039	3,688	1,253	3,314
666		Plx2	8.1	6,524	2,388	8,911	1,096	203
666		Plx3	11.2	9,547	3,680	13,227	1,186	73
666		Plx4	18.3	15,958	5,950	21,908	1,199	54
667	Minor Lower Extremity Procedures For Trauma		2.9	2,415	1,038	3,453	1,209	98
667		Plx1	2.7	2,256	958	3,214	1,204	94
667		Plx2	15.4	9,914	3,664	13,578	882	5
667		Plx3	9.0	5,588	2,168	7,756	862	1
667		Plx4						
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.5	3,264	1,423	4,688	1,338	619
668		Plx1	3.1	2,875	1,267	4,142	1,348	559

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
668		Plx2	6.5	6,330	2,266	8,596	1,319	29
668		Plx3	9.5	10,341	3,454	13,795	1,452	12
668		Plx4	11.4	16,425	5,824	22,249	1,956	8
669	Vascular Repair For Trauma		2.9	3,641	1,680	5,321	1,822	63
669		Plx1	2.4	2,738	1,409	4,147	1,708	49
669		Plx2	3.7	4,766	1,989	6,755	1,819	7
669		Plx3	5.0	7,120	2,489	9,609	1,922	4
669		Plx4	12.0	17,987	5,821	23,808	1,984	6
670	Upper Extremity Procedures For Trauma		2.1	2,175	853	3,028	1,467	2,317
670		Plx1	1.8	1,979	781	2,760	1,534	2,115
670		Plx2	5.2	4,721	1,671	6,392	1,224	86
670		Plx3	7.5	6,755	2,343	9,098	1,221	20
670		Plx4	12.3	9,662	3,917	13,579	1,106	11
674	PWS - Intracranial Injuries With Spinal Injuries		9.7	12,310	4,072	16,382	1,685	47
674		Plx9	9.7	12,310	4,072	16,382	1,685	47
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		4.2	7,598	1,990	9,588	2,262	21
675		Plx9	4.2	7,598	1,990	9,588	2,262	21
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		7.9	10,986	3,221	14,207	1,806	60
676		Plx9	7.9	10,986	3,221	14,207	1,806	60
677	Spinal Injuries With Fractures Of Femur		8.4	4,594	1,572	6,166	736	66
677		Plx9	8.4	4,594	1,572	6,166	736	66
678	Spinal Injuries With Thoraco-Abdominal Injuries		6.8	4,967	1,644	6,611	974	102
678		Plx9	6.8	4,967	1,644	6,611	974	102
679	Fractures Of Femur With Thoraco-Abdominal Injuries		10.2	7,878	2,776	10,654	1,043	51
679		Plx9	10.2	7,878	2,776	10,654	1,043	51
680	Femur Or Pelvic Fractures And Dislocations		9.7	3,844	1,433	5,278	545	516
680		Plx1	8.0	3,209	1,187	4,396	549	374
680		Plx2	18.1	6,713	2,598	9,311	516	80
680		Plx3	12.9	5,762	2,080	7,842	610	37
680		Plx4	20.8	9,668	3,594	13,262	637	33

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
681	Frostbite		9.3	4,810	1,929	6,739	724	16
681		Plx1	9.3	4,437	1,829	6,266	671	12
681		Plx2	12.3	7,000	2,411	9,410	763	3
681		Plx3	9.7	7,123	2,735	9,858	1,020	3
681		Plx4						
682	Spinal Injuries		4.8	2,656	934	3,589	754	595
682		Plx1	4.4	2,430	848	3,278	752	517
682		Plx2	8.6	4,227	1,489	5,716	661	65
682		Plx3	12.5	6,281	2,253	8,534	685	11
682		Plx4	25.6	16,317	5,865	22,182	868	16
683	Intracranial Injuries		4.8	4,282	1,330	5,612	1,169	556
683		Plx1	3.7	2,820	919	3,739	1,021	415
683		Plx2	6.0	5,397	1,605	7,002	1,163	49
683		Plx3	8.1	7,482	2,180	9,662	1,197	41
683		Plx4	14.8	16,093	4,914	21,006	1,419	57
684	Fracture Of Humerus		6.3	2,771	1,069	3,840	610	145
684		Plx1	4.3	2,029	771	2,800	654	114
684		Plx2	24.0	8,450	3,648	12,098	504	24
684		Plx3	36.5	13,149	6,303	19,452	533	10
684		Plx4	39.6	13,087	6,072	19,159	484	5
685	Hip And Thigh Injuries		5.8	2,343	812	3,155	540	74
685		Plx1	5.2	2,116	730	2,846	551	66
685		Plx2	7.4	2,879	1,089	3,968	536	5
685		Plx3	18.0	6,353	2,158	8,511	473	5
685		Plx4	22.2	8,423	3,070	11,492	518	5
686	Major Nerve Injuries		6.0	5,848	2,116	7,964	1,327	5
686		Plx1	4.4	5,558	2,158	7,716	1,754	5
686		Plx2	4.0	3,653	1,410	5,064	1,266	1
686		Plx3	7.5	4,440	1,417	5,857	781	2
686		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		4.9	3,277	1,148	4,425	900	865
687		Plx1	4.2	2,639	938	3,577	847	688
687		Plx2	7.9	4,031	1,494	5,525	699	84
687		Plx3	8.8	5,780	1,988	7,768	887	69
687		Plx4	13.8	15,064	4,796	19,859	1,440	44
688	Weight Bearing Injuries		2.9	1,650	603	2,253	764	503
688		Plx1	2.5	1,441	534	1,976	780	459
688		Plx2	14.8	6,531	2,405	8,936	604	24
688		Plx3	6.1	3,888	1,309	5,197	847	15
688		Plx4	22.2	14,779	4,568	19,347	871	9
689	Genito-Urinary Injuries		3.9	2,281	834	3,116	807	107
689		Plx1	3.2	1,794	659	2,453	772	84
689		Plx2	5.6	3,880	1,347	5,227	926	14
689		Plx3	7.8	4,999	1,987	6,986	901	8
689		Plx4	14.0	10,377	3,097	13,474	962	2
690	Crushing Injuries And Contusions		2.9	1,652	565	2,217	762	240
690		Plx1	2.7	1,516	515	2,031	755	216
690		Plx2	6.7	3,433	1,095	4,528	672	15
690		Plx3	9.9	4,389	1,718	6,107	616	11
690		Plx4	12.8	5,561	2,396	7,957	623	9
691	Minor Lower Extremity Fractures		1.9	1,265	499	1,764	950	14
691		Plx1	1.9	1,265	499	1,764	950	14
691		Plx2	5.0	2,083	1,004	3,088	618	1
691		Plx3	5.0	1,561	549	2,110	422	1
691		Plx4						
692	Wounds		1.6	1,384	555	1,939	1,179	428
692		Plx1	1.6	1,384	556	1,940	1,198	410
692		Plx2	5.1	3,053	1,232	4,285	846	16
692		Plx3	3.4	1,718	719	2,437	717	10
692		Plx4	21.2	10,382	3,741	14,123	666	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		2.4	2,338	895	3,233	1,364	81
693		Plx1	2.3	2,157	862	3,019	1,291	77
693		Plx2	4.4	3,032	1,066	4,099	932	5
693		Plx3	1.0	1,589	224	1,813	1,813	2
693		Plx4	9.5	12,793	3,746	16,539	1,741	2
694	Facial Injuries		2.2	1,743	760	2,504	1,156	330
694		Plx1	2.1	1,672	736	2,409	1,131	314
694		Plx2	4.3	3,086	1,295	4,381	1,031	12
694		Plx3	2.0	2,382	904	3,286	1,643	5
694		Plx4	3.7	6,736	2,367	9,103	2,483	3
695	Other Cranial Injuries		1.7	1,379	437	1,816	1,040	483
695		Plx1	1.7	1,271	408	1,679	987	446
695		Plx2	4.3	3,273	1,030	4,302	1,004	28
695		Plx3	3.9	3,856	1,162	5,017	1,279	26
695		Plx4	9.5	15,603	4,689	20,292	2,144	15
696	Upper Extremity Fractures		1.6	1,325	492	1,817	1,147	459
696		Plx1	1.6	1,311	488	1,799	1,152	445
696		Plx2	8.3	4,691	1,637	6,328	762	30
696		Plx3	9.2	4,880	1,838	6,718	733	6
696		Plx4	27.7	13,292	5,199	18,490	667	7
700	PWS - Bone Marrow Transplant		28.5	34,475	10,416	44,890	1,577	255
700		Plx1	18.3	19,025	5,636	24,661	1,350	15
700		Plx2	28.6	33,141	8,832	41,97	1,470	16
700		Plx3	24.5	29,956	9,443	39,399	1,610	17
700		Plx4	29.6	35,999	10,939	46,939	1,588	207
701	Splenectomy		5.0	5,217	1,887	7,104	1,414	90
701		Plx1	4.5	4,705	1,686	6,391	1,429	70
701		Plx2	4.3	4,566	1,755	6,321	1,459	9
701		Plx3	12.4	10,372	4,302	14,674	1,183	10
701		Plx4	37.6	38,111	10,659	48,770	1,297	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		4.3	4,155	1,495	5,649	1,322	132
703		Plx1	3.2	3,163	1,155	4,319	1,350	105
703		Plx2	9.7	6,994	2,651	9,645	993	14
703		Plx3	7.4	7,707	2,466	10,172	1,366	9
703		Plx4	21.5	30,306	10,215	40,521	1,889	11
704	Red Blood Cell Disorders		5.7	3,203	1,109	4,312	759	750
704		Plx1	4.5	2,555	888	3,443	763	441
704		Plx2	6.2	3,147	1,096	4,244	680	161
704		Plx3	7.1	4,335	1,425	5,760	810	97
704		Plx4	13.5	12,085	4,204	16,289	1,210	48
709	Coagulation Disorders		3.6	2,250	786	3,036	842	325
709		Plx1	3.0	1,866	650	2,516	834	239
709		Plx2	4.3	2,673	951	3,624	853	48
709		Plx3	7.0	4,505	1,509	6,013	864	25
709		Plx4	13.4	8,950	3,405	12,356	926	20
710	Reticuloendothelial And Immunity Disorders		5.0	3,460	1,355	4,815	964	587
710		Plx1	4.4	2,719	1,125	3,844	882	323
710		Plx2	6.9	3,970	1,575	5,545	808	52
710		Plx3	5.2	4,039	1,467	5,506	1,053	161
710		Plx4	9.7	7,826	3,088	10,913	1,129	66
725	Major Leukemia And Lymphoma Procedures		7.0	6,436	2,586	9,023	1,290	285
725		Plx1	4.8	4,442	2,030	6,472	1,347	205
725		Plx2	9.1	6,874	2,961	9,834	1,084	27
725		Plx3	19.2	12,787	4,764	17,551	915	22
725		Plx4	29.9	27,457	9,703	37,160	1,245	55
726	Acute Leukemia Without Major Procedures		19.0	15,458	6,144	21,602	1,140	334
726		Plx1	6.5	5,040	2,143	7,182	1,103	88
726		Plx2	14.7	10,322	3,876	14,198	963	31
726		Plx3	18.5	13,374	5,921	19,296	1,041	50
726		Plx4	27.9	25,015	9,921	34,937	1,254	161

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
728	Lymphoma And Chronic Leukemia With Other Procedures		10.6	7,668	2,828	10,496	988	215
728		Plx1	6.5	4,778	1,767	6,545	1,004	139
728		Plx2	15.6	9,105	3,299	12,403	795	28
728		Plx3	15.1	10,251	4,066	14,317	947	18
728		Plx4	33.5	27,094	10,006	37,100	1,107	38
730	Lymphoma And Chronic Leukemia		11.7	7,444	2,536	9,980	855	615
730		Plx1	6.9	4,121	1,358	5,478	793	223
730		Plx2	9.3	4,813	1,684	6,497	697	98
730		Plx3	12.1	7,672	2,567	10,239	848	105
730		Plx4	18.9	13,305	4,517	17,822	941	188
733	Major Ill-Defined Neoplasm Procedures		11.8	9,586	3,450	13,036	1,106	134
733		Plx1	7.3	6,159	2,341	8,500	1,172	67
733		Plx2	11.6	8,906	3,767	12,673	1,095	28
733		Plx3	19.6	15,320	4,857	20,177	1,032	18
733		Plx4	30.3	22,614	7,016	29,630	979	25
734	Ill-Defined Neoplasm With Other Procedures		9.7	6,976	2,690	9,666	999	104
734		Plx1	4.6	4,160	1,617	5,777	1,250	69
734		Plx2	13.4	7,581	2,355	9,936	739	9
734		Plx3	15.1	10,267	4,067	14,[illegible]	949	9
734		Plx4	27.8	18,581	7,310	25,8[illegible]	933	16
735	PWS - Radiation Therapy		13.0	7,298	2,329	[illegible],628	741	244
735		Plx1	10.1	5,714	1,819	7,532	744	127
735		Plx2	12.3	7,028	2,208	9,235	751	56
735		Plx3	19.5	10,632	3,301	13,932	713	31
735		Plx4	22.4	13,735	4,239	17,973	802	30
736	Chemotherapy		3.3	2,998	1,171	4,169	1,257	1,197
736		Plx1	3.2	2,832	1,106	3,938	1,246	1,062
736		Plx2	3.7	3,786	1,466	5,252	1,437	61
736		Plx3	7.1	5,513	2,001	7,514	1,060	57
736		Plx4	18.6	12,426	4,032	16,458	884	49

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
737	Other Poorly Differentiated Neoplastic Diagnoses		11.5	5,689	2,019	7,708	668	198
737		Plx1	8.0	3,428	1,200	4,628	575	87
737		Plx2	12.7	6,268	2,191	8,459	664	50
737		Plx3	16.6	8,506	2,964	11,470	689	31
737		Plx4	13.7	8,200	2,958	11,158	813	29
750	Multisystemic Or Unspecified Site Infections With Surgery		13.9	12,747	4,718	17,464	1,260	543
750		Plx1	7.6	4,941	1,991	6,932	912	248
750		Plx2	13.8	9,232	3,811	13,043	942	72
750		Plx3	13.6	9,974	4,017	13,991	1,031	76
750		Plx4	36.7	40,186	14,212	54,397	1,484	179
751	Septicemia		6.4	4,641	1,599	6,240	980	781
751		Plx1	5.0	2,644	1,006	3,650	735	346
751		Plx2	6.6	3,636	1,335	4,971	754	140
751		Plx3	7.2	4,601	1,590	6,191	865	123
751		Plx4	10.2	11,004	3,568	14,573	1,425	188
756	Post-Operative And Post-Traumatic Infections		5.0	2,356	908	3,263	652	575
756		Plx1	4.6	2,010	771	2,781	607	441
756		Plx2	7.0	3,596	1,388	4,984	711	76
756		Plx3	6.5	3,203	1,287	4,490	691	44
756		Plx4	12.1	8,747	3,383	12,130	1,005	29
757	Viral Illness		3.1	1,707	653	2,360	765	465
757		Plx1	2.8	1,562	598	2,160	759	357
757		Plx2	3.6	1,848	714	2,562	715	41
757		Plx3	3.9	1,966	773	2,739	710	56
757		Plx4	12.3	9,235	3,106	12,341	1,007	24
761	Fever Of Unknown Origin		3.3	1,844	715	2,559	771	325
761		Plx1	3.1	1,703	675	2,378	770	263
761		Plx2	4.2	2,329	871	3,200	754	37
761		Plx3	6.5	3,656	1,297	4,953	759	23
761		Plx4	12.1	6,316	2,053	8,370	693	13

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
763	Other Infectious Diagnoses		5.1	3,292	1,100	4,392	866	137
763		Plx1	3.9	2,075	704	2,779	720	84
763		Plx2	7.4	4,077	1,529	5,605	760	16
763		Plx3	5.9	3,869	1,349	5,218	891	21
763		Plx4	18.8	21,067	6,601	27,668	1,475	21
764	Depressive Mood Disorders With ECT		40.3	11,983	4,681	16,664	413	509
764		Plx9	40.3	11,983	4,681	16,664	413	509
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		27.3	8,643	3,112	11,755	431	610
765		Plx9	27.3	8,643	3,112	11,755	431	610
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		19.6	5,489	2,037	7,526	384	1,614
766		Plx9	19.6	5,489	2,037	7,526	384	1,614
767	Depressive Mood Disorders LOS < 6 Days		3.0	1,132	384	1,516	509	463
767		Plx9	3.0	1,132	384	1,516	509	463
768	Bipolar Mood Disorders, Manic With ECT		36.2	11,835	4,110	15,945	441	48
768		Plx9	36.2	11,835	4,110	15,945	441	48
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		25.9	8,360	3,067	11,427	440	154
769		Plx9	25.9	8,360	3,067	11,427	440	154
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.5	6,441	2,436	8,877	412	891
770		Plx9	21.5	6,441	2,436	8,877	412	891
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,157	402	1,559	509	123
771		Plx9	3.1	1,157	402	1,559	509	123
772	Dementia With Or Without Delirium With Axis III Diagnosis		42.1	14,617	5,792	20,409	485	414
772		Plx9	42.1	14,617	5,792	20,409	485	414
773	Dementia With Or Without Delirium Without Axis III Diagnosis		31.9	10,072	3,981	14,053	440	226
773		Plx9	31.9	10,072	3,981	14,053	440	226
774	Organic Mental Disorders Induced By Drugs		9.9	3,438	1,232	4,670	473	322
774		Plx9	9.9	3,438	1,232	4,670	473	322
775	Schizophrenia And Other Psychotic Disorders With ECT		50.7	16,641	6,252	22,893	452	46
775		Plx9	50.7	16,641	6,252	22,893	452	46
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		30.3	9,601	3,509	13,110	433	389

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
776		Plx9	30.3	9,601	3,509	13,110	433	389
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		24.0	7,163	2,604	9,767	407	1,699
777		Plx9	24.0	7,163	2,604	9,767	407	1,699
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.2	1,374	455	1,829	569	270
778		Plx9	3.2	1,374	455	1,829	569	270
779	Dissociative Disorders		5.8	2,488	854	3,342	575	89
779		Plx9	5.8	2,488	854	3,342	575	89
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.2	3,890	1,474	5,363	653	234
780		Plx9	8.2	3,890	1,474	5,363	653	234
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		4.6	1,886	692	2,578	556	210
781		Plx9	4.6	1,886	692	2,578	556	210
783	Psychoactive Substance Dependence		7.5	2,666	920	3,586	480	546
783		Plx9	7.5	2,666	920	3,586	480	546
784	Psychoactive Substance Abuse		5.0	1,814	612	2,426	481	240
784		Plx9	5.0	1,814	612	2,426	481	240
785	Developmental Delay		33.0	14,441	5,409	19,850	602	77
785		Plx9	33.0	14,441	5,409	19,850	602	77
786	Disruptive Behaviour Disorders		16.6	8,040	2,678	10,718	645	329
786		Plx9	16.6	8,040	2,678	10,718	645	329
787	Eating Disorders		32.9	11,964	4,482	16,446	499	182
787		Plx9	32.9	11,964	4,482	16,446	499	182
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		27.5	10,396	4,053	14,449	525	501
788		Plx9	27.5	10,396	4,053	14,449	525	501
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		21.8	7,290	2,800	10,090	463	352
789		Plx9	21.8	7,290	2,800	10,090	463	352
790	Somatoform Disorders		6.2	2,335	854	3,189	513	66
790		Plx9	6.2	2,335	854	3,189	513	66
791	Anxiety Disorders (MNRH)		9.9	3,655	1,325	4,980	501	235
791		Plx9	9.9	3,655	1,325	4,980	501	235

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
792	Adjustment Disorders (MNRH)		5.7	2,187	718	2,904	507	1,427
792		Plx9	5.7	2,187	718	2,904	507	1,427
793	Personality Disorders With Axis III Diagnosis (MNRH)		15.1	5,486	2,161	7,647	506	55
793		Plx9	15.1	5,486	2,161	7,647	506	55
794	Personality Disorders Without Axis III Diagnosis (MNRH)		8.3	2,768	1,035	3,804	458	200
794		Plx9	8.3	2,768	1,035	3,804	458	200
795	Sexual Dysfunction And Sexual Disorders (MNRH)		12.5	3,859	1,190	5,049	404	8
795		Plx9	12.5	3,859	1,190	5,049	404	8
796	Specific Developmental Disorders (MNRH)		15.2	5,676	2,082	7,759	512	12
796		Plx9	15.2	5,676	2,082	7,759	512	12
797	Miscellaneous Psychiatric Diagnoses (MNRH)		9.8	4,236	1,443	5,679	582	50
797		Plx9	9.8	4,236	1,443	5,679	582	50
803	Extensive Procedures For Injury Or Complication Of Treatment		10.7	10,497	3,535	14,032	1,314	527
803		Plx1	7.9	7,696	2,620	10,316	1,303	257
803		Plx2	11.0	10,576	3,254	13,830	1,263	106
803		Plx3	11.2	10,503	3,731	14,234	1,271	75
803		Plx4	29.4	28,970	10,277	39,246	1,337	111
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		4.4	4,017	1,489	5,506	1,252	1,051
804		Plx1	3.0	2,891	1,102	3,994	1,311	789
804		Plx2	6.9	5,810	2,239	8,049	1,165	112
804		Plx3	8.7	7,324	2,606	9,930	1,144	75
804		Plx4	21.2	19,468	7,069	26,537	1,251	104
805	MNRH Procedures For Injury Or Complication Of Treatment		2.0	1,793	623	2,416	1,181	110
805		Plx1	1.9	1,689	585	2,274	1,172	100
805		Plx2	2.7	2,798	964	3,762	1,386	7
805		Plx3	6.2	4,143	1,353	5,495	886	5
805		Plx4	13.0	18,747	4,950	23,697	1,823	5
811	Allergic Reaction		1.7	1,339	401	1,740	1,023	77
811		Plx1	1.6	1,196	367	1,563	968	70
811		Plx2	5.2	3,433	1,294	4,727	909	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
811		Plx3	6.0	5,691	2,799	8,491	1,415	5
811		Plx4	11.9	13,268	3,961	17,229	1,453	7
813	Drug Reactions		2.3	1,731	585	2,316	985	1,283
813		Plx1	2.1	1,367	481	1,849	865	993
813		Plx2	4.3	2,311	811	3,122	732	103
813		Plx3	4.3	3,431	1,086	4,517	1,044	168
813		Plx4	7.5	7,842	2,550	10,392	1,380	115
818	Complications Of Treatment		4.1	2,669	909	3,577	864	1,767
818		Plx1	3.3	2,035	669	2,704	823	1,288
818		Plx2	5.3	3,222	1,244	4,466	838	205
818		Plx3	7.6	4,975	1,781	6,756	894	179
818		Plx4	12.4	9,502	3,368	12,870	1,037	130
823	Minor Injuries And Trauma Diagnosis		2.2	2,168	700	2,868	1,334	280
823		Plx1	1.9	1,551	524	2,075	1,067	235
823		Plx2	6.4	4,176	1,447	5,623	882	16
823		Plx3	3.8	5,099	1,661	6,761	1,773	16
823		Plx4	5.3	9,677	2,993	12,670	2,405	26
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		39.9	65,187	25,105	90,292	2,261	45
830		Plx1	19.3	17,718	7,416	25,133	1,300	9
830		Plx2	21.2	23,738	9,600	33,338	1,575	6
830		Plx3	37.0	47,177	16,840	64,017	1,730	6
830		Plx4	52.3	97,931	37,440	135,371	2,586	23
831	Extensive Burns Without Burn Procedures		1.5	1,526	398	1,924	1,283	6
831		Plx1	1.6	1,603	446	2,049	1,281	5
831		Plx2	1.0	1,141	157	1,299	1,299	1
831		Plx3						
831		Plx4						
832	PWS - Non-Extensive Burns With Skin Graft		12.9	10,905	4,866	15,771	1,223	219
832		Plx1	10.2	7,738	3,549	11,286	1,102	172
832		Plx2	19.7	16,737	6,892	23,628	1,198	18

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
832		Plx3	22.8	22,292	9,962	32,254	1,417	13
832		Plx4	29.2	35,912	15,769	51,681	1,769	18
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		10.3	6,125	2,043	8,168	789	23
833		Plx1	9.3	5,146	1,763	6,909	746	19
833		Plx2	16.0	11,078	3,523	14,601	913	4
833		Plx3						
833		Plx4	9.0	19,281	4,954	24,235	2,693	2
834	Non-Extensive Burns Without Burn Procedures		4.5	2,917	1,139	4,056	897	180
834		Plx1	4.2	2,536	1,017	3,553	845	160
834		Plx2	7.4	3,579	1,218	4,797	648	10
834		Plx3	6.7	4,245	1,682	5,928	889	6
834		Plx4	22.8	20,328	8,523	28,851	1,265	5
840	Other Admissions With Surgery		47.8	26,106	8,427	34,532	723	542
840		Plx1	10.7	6,344	2,340	8,683	813	219
840		Plx2	55.8	22,420	7,559	29,979	537	82
840		Plx3	60.3	27,920	8,907	36,828	610	61
840		Plx4	92.2	57,573	17,358	74,931	813	173
841	Rehabilitation		36.4	13,823	5,195	19,019	522	3,529
841		Plx1	29.8	10,997	4,246	15,242	511	1,726
841		Plx2	39.7	15,195	5,584	20,779	524	806
841		Plx3	44.5	16,601	6,198	22,799	513	536
841		Plx4	52.6	21,380	7,748	29,128	554	492
842	Signs And Symptoms		6.6	2,748	1,036	3,784	570	338
842		Plx1	5.3	2,188	834	3,022	571	234
842		Plx2	10.8	4,156	1,608	5,764	533	62
842		Plx3	10.2	4,288	1,569	5,857	575	37
842		Plx4	22.4	11,108	4,028	15,136	676	13
846	Aftercare Following Surgery Or Treatment		1.5	988	369	1,357	878	2,386
846		Plx1	1.5	967	360	1,327	873	2,327
846		Plx2	2.8	2,146	839	2,985	1,085	48

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
846		Plx3	12.8	5,656	2,558	8,214	640	19
846		Plx4	10.0	7,494	2,580	10,074	1,007	8
847	Other Specified Aftercare		12.1	5,824	2,381	8,205	677	813
847		Plx1	11.5	5,690	2,346	8,035	697	641
847		Plx2	13.1	5,392	2,253	7,645	585	81
847		Plx3	17.9	7,631	2,949	10,580	590	55
847		Plx4	17.3	9,225	3,625	12,849	745	39
849	Multiple Or Unspecified Congenital Anomalies		9.6	20,662	4,584	25,246	2,630	5
849		Plx1	3.4	1,461	931	2,392	704	5
849		Plx2	1.5	1,718	620	2,337	1,558	2
849		Plx3	12.5	8,727	3,038	11,765	941	2
849		Plx4	29.0	54,609	14,693	69,303	2,390	3
850	Perinatal Conditions Age > 28 Days		19.9	15,499	4,293	19,791	993	118
850		Plx1	17.4	10,920	3,074	13,995	803	71
850		Plx2	17.3	12,466	3,502	15,968	923	20
850		Plx3	35.1	23,939	6,301	30,240	862	11
850		Plx4	27.3	37,409	10,508	47,917	1,756	17
851	Other Factors Causing Hospitalization		6.9	2,412	1,095	3,507	507	381
851		Plx1	6.1	2,091	929	3,020	495	325
851		Plx2	12.1	4,788	2,301	7,089	585	32
851		Plx3	14	3,504	1,698	5,202	350	15
851		Plx4	18.3	5,651	2,738	8,390	458	12
852	Procedures Cancelled (MNRH)		1.0	463	187	650	650	785
852		Plx1	1.0	450	185	636	636	752
852		Plx2	1.0	648	191	839	839	27
852		Plx3	1.0	817	309	1,126	1,126	5
852		Plx4	1.4	1,107	367	1,473	1,052	5
860	Respiratory Tract Disorders With HIV		9.0	6,959	2,649	9,608	1,065	51
860		Plx9	9.0	6,959	2,649	9,608	1,065	51
861	CNS Infection With HIV		6.6	3,593	1,385	4,978	751	8

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
861		Plx9	6.6	3,593	1,385	4,978	751	8
862	**GI And Hepatobiliary Disorders With HIV**		**7.6**	**3,334**	**1,302**	**4,636**	**613**	**16**
862		Plx9	7.6	3,334	1,302	4,636	613	16
863	**Ophthalmic Disorders With HIV**		**18.6**	**13,124**	**5,488**	**18,612**	**1,001**	**5**
863		Plx9	14.6	7,799	3,506	11,305	774	5
864	**Blood Infections With HIV**		**3.4**	**1,553**	**821**	**2,374**	**698**	**5**
864		Plx9	3.4	1,553	821	2,374	698	5
865	**Lymphoma With HIV**		**22.8**	**15,993**	**5,022**	**21,016**	**920**	**6**
865		Plx9	22.8	15,993	5,022	21,016	920	6
866	**Psychosocial Conditions With HIV**		**10.6**	**5,524**	**1,669**	**7,194**	**676**	**11**
866		Plx9	10.6	5,524	1,669	7,194	676	11
867	**Other Conditions Associated With HIV**		**10.8**	**5,268**	**1,822**	**7,090**	**656**	**5**
867		Plx9	11.8	4,903	1,932	6,835	579	5
868	**Miscellaneous Conditions With HIV**		**5.8**	**3,326**	**1,183**	**4,509**	**777**	**31**
868		Plx9	5.8	3,326	1,183	4,509	777	31
880	**Amputation Of Lower Limb Except Toe With Major Vascular Surgery**		**36.9**	**21,943**	**7,799**	**29,742**	**806**	**32**
880		Plx1	24.8	11,198	4,405	15,603	629	5
880		**Plx2**	**34.2**	**21,826**	**7,352**	**29,178**	**853**	**5**
880		Plx3	32.6	21,607	6,504	28,112	862	5
880		**Plx4**	**41.4**	**24,474**	**9,158**	**33,632**	**811**	**18**
881	Amputation Of Lower Limb Except Toe		21.1	12,766	4,793	17,559	832	258
881		**Plx1**	**14.9**	**8,014**	**3,113**	**11,128**	**746**	**86**
881		Plx2	13.4	7,954	3,138	11,093	830	54
881		**Plx3**	**25.2**	**14,567**	**5,406**	**19,973**	**791**	**37**
881		Plx4	37.8	22,943	8,489	31,432	832	85
882	**Wound Debridement Or Other Amputation With Major Vascular Surgery**		**19.4**	**15,437**	**5,356**	**20,793**	**1,071**	**50**
882		Plx1	11.5	8,418	3,375	11,793	1,025	12
882		**Plx2**	**11.0**	**7,523**	**2,700**	**10,222**	**929**	**7**
882		Plx3	18.2	13,514	4,874	18,388	1,010	10
882		**Plx4**	**29.4**	**23,837**	**8,071**	**31,907**	**1,085**	**19**

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
883	Wound Debridement And Grafting Other Than Hand		17.1	9,127	3,363	12,489	729	147
883		Plx1	11.0	5,405	1,986	7,391	671	45
883		Plx2	13.8	6,838	2,621	9,459	685	44
883		Plx3	21.6	10,906	4,309	15,215	705	30
883		Plx4	31.8	19,366	7,023	26,389	830	28
884	Other Amputations Including Toe		8.6	4,860	1,781	6,642	771	57
884		Plx1	5.8	2,989	1,170	4,159	723	36
884		Plx2	11.8	9,076	2,312	11,388	962	6
884		Plx3	14.2	6,821	2,701	9,521	671	11
884		Plx4	22.2	13,615	6,268	19,883	896	5
885	PWS - Aortic Replacement		11.0	11,861	3,932	15,793	1,436	425
885		Plx1	7.9	7,566	2,625	10,191	1,294	129
885		Plx2	8.9	8,594	2,887	11,481	1,295	67
885		Plx3	11.5	10,807	3,835	14,642	1,271	65
885		Plx4	15.3	19,075	5,906	24,981	1,632	161
887	Vascular Bypass Surgery		8.4	8,475	3,019	11,495	1,366	448
887		Plx1	6.2	5,537	2,166	7,704	1,234	247
887		Plx2	9.7	8,620	3,089	11,709	1,203	64
887		Plx3	10.8	9,726	3,395	13,122	1,220	69
887		Plx4	16.5	20,296	6,320	26,616	1,611	80
890	Other Thoraco-Abdominal Procedures		10.1	9,970	3,206	13,176	1,309	89
890		Plx1	6.6	5,367	1,672	7,040	1,074	36
890		Plx2	6.8	8,195	2,392	10,587	1,568	8
890		Plx3	11.9	10,405	3,320	13,725	1,154	18
890		Plx4	14.0	16,302	5,444	21,745	1,558	25
891	Vascular Repair		7.4	8,543	2,310	10,853	1,459	281
891		Plx1	5.8	6,871	1,826	8,697	1,504	156
891		Plx2	7.4	7,111	1,950	9,062	1,225	55
891		Plx3	9.8	11,553	3,227	14,780	1,504	40
891		Plx4	14.4	18,095	4,777	22,872	1,590	31

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
892	Other Vascular Procedures		4.5	4,954	1,486	6,440	1,437	87
892		Plx1	3.8	4,511	1,388	5,899	1,566	60
892		Plx2	5.4	6,126	1,766	7,891	1,457	12
892		Plx3	6.1	6,454	1,680	8,134	1,324	7
892		Plx4	4.2	5,290	1,595	6,885	1,639	5
893	Vein Ligation And Stripping (MNRH)		1.0	1,104	587	1,691	1,691	61
893		Plx1	1.0	1,104	587	1,691	1,691	61
893		Plx2	2.0	1,123	625	1,749	874	3
893		Plx3						
893		Plx4						
895	Deep Vein Thrombophlebitis		6.5	2,892	1,019	3,912	604	517
895		Plx1	5.8	2,413	862	3,275	566	325
895		Plx2	6.7	3,024	1,001	4,025	601	129
895		Plx3	9.8	4,599	1,666	6,264	640	48
895		Plx4	14.4	10,066	3,566	13,632	947	20
898	Peripheral Vascular Disease		5.3	2,906	969	3,875	732	412
898		Plx1	4.6	2,451	815	3,266	715	289
898		Plx2	7.5	3,955	1,394	5,349	716	76
898		Plx3	9.9	4,606	1,651	6,257	631	34
898		Plx4	11.7	7,215	2,534	9,749	830	23
900	Extensive Unrelated O.R. Procedures		20.4	17,520	6,154	23,674	1,162	354
900		Plx1	8.4	8,645	3,077	11,722	1,393	101
900		Plx2	13.7	11,428	4,114	15,542	1,135	42
900		Plx3	24.2	15,865	5,996	21,861	903	57
900		Plx4	31.6	28,764	10,048	38,812	1,228	155
901	Non-Extensive Unrelated O.R. Procedures		14.2	11,962	4,225	16,187	1,142	770
901		Plx1	5.8	4,871	1,724	6,595	1,135	378
901		Plx2	16.0	10,334	3,768	14,101	881	103
901		Plx3	19.0	11,225	4,282	15,507	815	92
901		Plx4	33.5	34,203	11,997	46,200	1,377	202

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
902	Post-Operative Complications With Unrelated O.R. Procedures		8.1	8,480	2,985	11,465	1,421	152
902		Plx1	3.8	4,192	1,408	5,600	1,488	80
902		Plx2	7.5	8,901	2,818	11,720	1,558	21
902		Plx3	11.2	9,032	3,354	12,385	1,106	15
902		Plx4	17.9	18,078	6,547	24,625	1,374	37
906	Unrelated O.R. Procedures (MNRH)		10.3	6,301	2,350	8,651	842	152
906		Plx1	7.1	4,176	1,616	5,791	812	99
906		Plx2	10.4	6,074	2,350	8,424	812	19
906		Plx3	17.4	9,999	3,705	13,704	788	21
906		Plx4	31.0	21,625	7,288	28,913	933	12
908	Other Major Procedures For Gynecological Malignancy		7.2	5,091	1,864	6,954	970	6
908		Plx1	3.8	3,354	1,110	4,464	1,175	5
908		Plx2	5.0	4,166	1,535	5,701	1,140	2
908		Plx3	24.0	29,711	9,130	38,841	1,618	1
908		Plx4						
909	Obsolete Psychiatric Diagnoses (MNRH)		9.0	2,670	981	3,650	408	360
909		Plx9	9.0	2,670	981	3,650	408	360
910	Diagnosis Not Generally Hospitalized		1.5	2,728	846	3,574	2,428	269
910		Plx9	1.5	2,728	846	3,574	2,428	269
912	Obstetric Codes Invalid As Most Responsible Diagnosis		2.8	1,561	739	2,300	821	5
912		Plx9	2.8	1,561	739	2,300	821	5
997	Stillbirths		0.8	1,016	294	1,309	1,637	5
997		Plx9	0.8	1,202	347	1,549	1,937	5
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		3.0	2,393	774	3,167	1,056	10
998		Plx9	3.0	2,393	774	3,167	1,056	10
999	Ungroupable Data		1.7	1,307	432	1,738	1,035	25
999		Plx9	1.7	1,307	432	1,738	1,035	25

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
001	PWS - Craniotomy Procedures		1,001	907	1,908	14,006	14,082	14,042	7.8	7.9	7.9
001		Ptx1	700	619	1,319	10,849	10,967	10,904	6.1	6.0	6.1
001		Ptx2	118	122	240	14,230	14,486	14,360	8.8	9.4	9.1
001		Ptx3	76	72	148	21,273	18,630	19,987	14.1	12.3	13.2
001		Ptx4	135	127	262	39,281	39,259	39,270	21.2	23.1	22.1
003	PWS - Spinal Procedures		171	124	295	8,497	10,106	9,173	5.4	6.5	5.9
003		Ptx1	144	92	236	6,945	8,432	7,525	4.2	4.7	4.4
003		Ptx2	11	18	29	13,206	15,739	14,778	8.6	12.2	10.8
003		Ptx3	6	6	12	22,030	13,620	17,825	15.7	11.0	13.3
003		Ptx4	12	7	19	43,179	27,017	37,225	28.1	24.4	26.7
004	PWS - Extracranial Vascular Procedures		391	239	630	5,586	6,255	5,840	3.3	4.0	3.5
004		Ptx1	325	182	507	4,841	5,523	5,086	2.5	3.0	2.7
004		Ptx2	22	18	40	7,909	6,888	7,450	5.6	5.4	5.5
004		Ptx3	28	19	47	12,274	10,041	11,372	10.1	8.3	9.4
004		Ptx4	12	15	27	16,969	14,639	15,675	12.0	12.5	12.3
005	PWS - Ventricular Shunt Revision		113	111	224	5,752	5,549	5,651	2.7	2.4	2.6
005		Ptx1	100	100	200	5,077	5,038	5,057	2.4	2.1	2.2
005		Ptx2	4	6	10	5,234	8,870	7,416	2.3	4.5	3.6
005		Ptx3	3	2	5	7,280	9,733	8,261	2.7	4.5	3.4
005		Ptx4	2	1	5	31,341	39,036	24,621	9.0	13.0	10.3
006	Carpal Tunnel Release And Specified Nervous System Procedures		60	69	129	5,781	5,094	5,413	3.3	3.1	3.2
006		Ptx1	52	61	113	4,876	4,916	4,897	2.3	2.6	2.5
006		Ptx2	1	3	5	10,073	5,231	5,824	13.0	4.0	6.3
006		Ptx3	4	1	5	17,494	3,059	14,607	9.5	6.0	8.8
006		Ptx4	6	4	10	54,273	8,219	35,852	52.5	8.8	35.0
007	Peripheral, Cranial Nerve And Other Neurological Procedures		46	69	115	6,246	7,879	7,226	6.5	6.2	6.3
007		Ptx1	35	52	87	5,473	5,275	5,355	4.1	3.3	3.6
007		Ptx2	7	8	15	9,979	10,218	10,107	14.7	15.8	15.3
007		Ptx3	2	4	6	6,515	16,018	12,851	12.0	13.0	12.7
007		Ptx4	2	9	11	75,189	39,439	45,939	73.0	32.3	39.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
010	Neoplasm Of Nervous System		235	196	431	7,253	6,217	6,782	9.9	7.7	8.9
010		Pix1	148	126	274	5,440	5,101	5,284	7.2	6.3	6.8
010		Pix2	40	32	72	8,550	7,949	8,283	12.5	9.3	11.1
010		Pix3	25	22	47	10,833	6,682	8,890	14.6	7.8	11.4
010		Pix4	20	15	35	12,220	12,037	12,142	16.9	15.9	16.5
011	Degenerative Nervous Disorders		179	161	340	10,483	8,545	9,565	17.0	14.8	16.0
011		Pix1	116	112	228	6,381	7,603	6,981	11.5	14.3	12.9
011		Pix2	22	22	44	14,087	9,965	12,026	25.5	17.8	21.7
011		Pix3	24	18	42	18,497	6,382	13,305	32.9	13.2	24.5
011		Pix4	19	10	29	28,077	26,272	27,454	36.2	26.8	33.0
012	Multiple Sclerosis And Cerebellar Disorders		108	86	194	5,620	5,484	5,560	7.5	7.9	7.7
012		Pix1	88	68	156	4,362	3,878	4,151	5.8	5.9	5.9
012		Pix2	16	8	24	11,917	11,030	11,621	21.0	17.1	19.7
012		Pix3	6	6	12	17,660	13,285	15,473	25.3	33.8	29.6
012		Pix4	4	5	9	46,142	15,153	28,926	34.0	15.8	23.9
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1,574	1,355	2,929	7,701	7,599	7,654	9.8	9.8	9.8
013		Pix1	894	757	1,651	5,270	5,145	5,213	7.1	6.8	7.0
013		Pix2	275	226	501	9,530	9,795	9,650	13.4	13.0	13.2
013		Pix3	245	229	474	10,577	10,397	10,490	14.1	14.7	14.4
013		Pix4	179	167	346	17,734	18,620	18,162	19.5	22.1	20.7
014	Transient Ischemic Attacks And Precerebral Occlusions		454	389	843	3,974	3,940	3,958	5.0	4.9	5.0
014		Pix1	353	300	653	3,328	3,197	3,268	4.3	4.1	4.2
014		Pix2	63	43	106	5,562	5,740	5,634	7.2	7.4	7.3
014		Pix3	38	31	69	10,972	5,825	8,660	13.7	7.1	10.7
014		Pix4	15	21	36	13,250	15,795	14,735	17.7	20.0	19.0
015	Nonspecific Cerebrovascular Disorders		69	39	108	6,830	8,758	7,526	7.8	8.5	8.1
015		Pix1	40	25	65	5,259	5,704	5,430	6.0	5.9	6.0
015		Pix2	13	4	17	5,549	6,299	5,725	7.9	10.5	8.5
015		Pix3	8	5	13	7,160	6,434	6,881	9.3	8.8	9.1
015		Pix4	8	6	14	21,517	38,002	28,582	16.9	26.3	20.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
017	Cranial And Peripheral Nerve Diseases		166	152	318	5,647	5,202	5,434	8.2	7.2	7.7
017		Ptx1	125	120	245	4,577	3,907	4,249	6.7	5.4	6.1
017		Ptx2	21	15	36	7,500	8,677	7,991	12.1	11.4	11.8
017		Ptx3	14	7	21	9,677	9,445	9,599	14.4	16.6	15.1
017		Ptx4	8	12	20	20,312	27,436	24,586	24.0	28.8	26.9
018	Viral Meningitis		96	71	167	2,050	2,085	2,065	3.0	2.9	2.9
018		Ptx1	91	65	156	1,911	2,093	1,987	2.9	2.9	2.9
018		Ptx2	4	4	8	8,798	5,819	7,309	10.8	9.5	10.1
018		Ptx3	2	5	7	2,594	2,949	2,848	3.5	4.2	4.0
018		Ptx4	1	2	5	10,880	5,018	4,838	5.0	5.0	5.0
019	Infection Except Viral Meningitis		130	131	261	9,129	8,463	8,795	8.2	9.3	8.7
019		Ptx1	78	79	157	5,653	6,291	5,974	6.7	7.9	7.3
019		Ptx2	18	14	32	8,703	11,458	9,908	11.1	11.9	11.5
019		Ptx3	17	22	39	15,754	10,476	12,776	16.2	13.0	14.4
019		Ptx4	28	21	49	25,715	17,238	22,082	15.3	14.3	14.9
020	Hypertensive Encephalopathy		4	3	7	4,650	8,994	6,512	6.0	8.0	6.9
020		Ptx1	1	2	5	3,017	8,140	5,585	4.0	6.5	5.7
020		Ptx2	2		5	1,633		4,582	4.0		4.0
020		Ptx3									
020		Ptx4	1	1	2	12,315	10,701	11,508	12.0	11.0	11.5
021	Non-Traumatic Stupor And Coma		81	64	145	3,599	4,717	4,093	4.5	5.6	5.0
021		Ptx1	54	37	91	2,813	3,657	3,156	3.7	4.6	4.0
021		Ptx2	12	13	25	7,807	8,223	8,023	10.5	10.8	10.6
021		Ptx3	13	13	26	7,336	6,389	6,863	8.8	8.1	8.4
021		Ptx4	8	4	12	7,697	5,100	6,831	7.6	6.0	7.1
022	Seizure And Headache		904	966	1,870	2,811	2,581	2,692	3.1	3.0	3.1
022		Ptx1	754	832	1,586	2,575	2,362	2,463	2.9	2.8	2.9
022		Ptx2	79	60	139	3,396	3,261	3,338	3.9	3.9	3.9
022		Ptx3	61	59	120	4,636	3,990	4,318	4.9	4.8	4.9
022		Ptx4	30	22	52	16,200	9,085	13,190	12.5	7.3	10.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
028	Other Nervous System Diagnoses		264	209	473	6,008	5,062	5,590	5.9	4.9	5.4
028		Pix1	180	151	331	3,850	3,504	3,692	4.9	4.2	4.5
028		Pix2	21	23	44	6,422	4,316	5,321	8.3	5.7	6.9
028		Pix3	25	14	39	8,047	9,931	8,723	7.2	8.7	7.7
028		Pix4	39	23	62	17,308	15,157	16,510	10.6	9.5	10.2
040	Tracheostomy And Gastrostomy Procedures		244	207	451	72,088	67,128	69,812	49.0	47.3	48.3
040		Pix1	24	38	62	23,455	20,985	21,941	30.9	25.5	27.6
040		Pix2	5	7	12	33,099	31,053	31,905	43.2	41.9	42.4
040		Pix3	25	19	44	32,476	23,666	28,672	42.6	31.2	37.7
040		Pix4	190	144	334	84,538	87,404	85,774	52.4	56.3	54.1
050	Orbital Procedures		616	48	664	1,659	2,159	1,696	1.0	1.0	1.0
050		Pix1	615	48	663	1,660	2,159	1,696	1.0	1.0	1.0
050		Pix2	10	2	12	3,512	3,244	3,468	2.9	2.5	2.8
050		Pix3	1	1	5	2,185	4,487	3,905	2.0	3.0	2.5
050		Pix4	1		1	26,531		26,531	42.0		42.0
051	Other Intraocular Procedures		111	45	156	2,032	2,815	2,257	1.5	2.4	1.8
051		Pix1	107	42	149	1,986	2,803	2,216	1.5	2.4	1.8
051		Pix2	4	2	6	5,388	2,639	4,472	3.8	1.5	3.0
051		Pix3	1	1	3	2,151	3,673	3,201	2.0	3.0	2.5
051		Pix4									
052	Retinal Procedures		607	326	933	1,947	2,148	2,017	1.0	1.0	1.0
052		Pix1	607	324	931	1,947	2,147	2,016	1.0	1.0	1.0
052		Pix2	1	3	5	11,939	4,187	5,377	11.0	3.0	5.0
052		Pix3	1	1	5	5,707	2,297	7,753	11.0	1.0	6.0
052		Pix4			2			3,685			
053	Iris And Lens Procedures		13	5	18	1,769	1,831	1,786	1.3	2.2	1.6
053		Pix1	13	5	18	1,769	1,831	1,786	1.3	2.2	1.6
053		Pix2									
053		Pix3									
053		Pix4									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
054	Extraocular Procedures		29	10	39	1,834	2,179	1,922	1.2	1.5	1.3
054		Plx1	29	10	39	1,834	2,179	1,922	1.2	1.5	1.3
054		Plx2			2			2,829			
054		Plx3	2		3	15,822		11,782	12.5		12.5
054		Plx4									
055	Lens Insertion (MNRH)		174	41	215	2,404	2,831	2,486	1.0	1.0	1.0
055		Plx1	172	40	212	2,416	2,841	2,496	1.0	1.0	1.0
055		Plx2	3	2	5	3,562	3,578	3,569	3.0	1.5	2.4
055		Plx3									
055		Plx4		1	1		7,143	7,143		2.0	2.0
057	Other Ophthalmic Procedures (MNRH)		75	42	117	1,390	1,400	1,394	1.0	1.0	1.0
057		Plx1	75	41	116	1,390	1,367	1,382	1.0	1.0	1.0
057		Plx2	2	1	5	7,129	4,630	4,760	4.0	2.0	3.3
057		Plx3		1	1		7,321	7,321		2.0	2.0
057		Plx4		1	2		2,744	15,491		1.0	1.0
060	Major Eye Infections		28	33	61	3,002	2,194	2,565	4.1	3.5	3.8
060		Plx1	27	30	57	2,882	2,204	2,525	4.0	3.5	3.8
060		Plx2	1	1	4	6,239	1,641	4,465	7.0	2.0	4.5
060		Plx3	1	3	5	29,365	4,028	8,633	31.0	8.0	13.8
060		Plx4			2			6,792			
062	Hyphema		4	5	9	2,559	2,004	2,251	4.3	4.2	4.2
062		Plx1	4	4	8	2,559	1,581	2,070	4.3	4.0	4.1
062		Plx2									
062		Plx3		1	1		3,695	3,695		5.0	5.0
062		Plx4									
063	Other Ophthalmic Diagnoses (MNRH)		109	67	176	2,868	3,027	2,928	3.1	3.1	3.1
063		Plx1	95	61	156	2,513	2,417	2,475	2.7	2.7	2.7
063		Plx2	8	2	10	3,819	8,283	4,712	4.6	6.5	5.0
063		Plx3	2	2	5	2,287	1,980	1,900	2.5	4.0	3.3
063		Plx4	1	2	5	12,977	29,343	16,585	13.0	12.5	12.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
075	PWS - Radical Laryngectomy And Glossectomy		31	18	49	30,509	28,008	29,590	18.4	17.4	18.1
075		Pix1	12	7	19	21,260	21,139	21,215	16.2	10.6	14.1
075		Pix2	9	5	14	29,873	30,128	30,071	17.1	20.2	18.2
075		Pix3	3	2	5	29,746	22,366	26,794	14.7	11.5	13.4
075		Pix4	7	4	11	47,511	76,332	57,992	25.6	52.3	35.3
076	PWS - Major Head And Neck Procedures		162	133	295	17,286	21,473	19,174	9.7	12.2	10.8
076		Pix1	108	90	198	10,460	14,881	12,470	6.1	8.7	7.3
076		Pix2	13	12	25	28,526	31,243	29,830	15.2	18.8	16.9
076		Pix3	23	14	37	24,755	29,847	26,681	15.5	17.0	16.1
076		Pix4	20	19	39	47,814	50,790	49,264	24.9	26.1	25.5
077	Less Extensive Head And Neck Procedures		162	175	337	2,839	2,400	2,611	1.5	1.5	1.5
077		Pix1	153	169	322	2,809	2,370	2,579	1.5	1.5	1.5
077		Pix2	14	8	22	6,991	8,289	7,463	4.4	4.0	4.2
077		Pix3		1	5		3,194	10,651		2.0	2.0
077		Pix4	3	4	7	19,839	31,653	26,589	19.0	16.3	17.4
078	Cleft Lip And Palate Repair		128	98	226	4,116	3,314	3,768	1.8	1.7	1.7
078		Pix1	125	96	221	4,103	3,267	3,740	1.8	1.7	1.7
078		Pix2	2	1	5	6,866	4,036	5,520	2.5	2.0	2.3
078		Pix3	1	1	5	3,413	7,063	4,874	2.0	2.0	2.0
078		Pix4	1		1	4,286		4,286	2.0		2.0
081	Salivary Gland Procedures		119	68	187	3,411	3,181	3,327	1.5	1.5	1.5
081		Pix1	113	66	179	3,319	3,100	3,238	1.5	1.4	1.5
081		Pix2	6	2	8	5,322	5,845	5,453	2.3	2.5	2.4
081		Pix3	2		5	6,032		5,993	4.5		4.5
081		Pix4		1	1		15,454	15,454		14.0	14.0
082	Minor Ear, Nose And Throat Procedures		14	12	26	1,826	3,055	2,393	1.5	2.3	1.9
082		Pix1	14	8	22	1,826	1,551	1,726	1.5	1.4	1.5
082		Pix2	1	1	5	11,600	3,435	4,966	8.0	2.0	5.0
082		Pix3			1			2,352			
082		Pix4		1	1		38,218	38,218		10.0	10.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
083	**Reconstructive ENT Procedures**		**381**	**225**	**606**	**4,983**	**4,966**	**4,977**	**2.2**	**2.6**	**2.4**
083		Plx1	368	217	585	4,843	4,881	4,857	2.2	2.5	2.3
083		Plx2	12	8	20	8,528	7,512	8,121	4.3	4.5	4.4
083		Plx3	1		4	11,198		10,638	5.0		5.0
083		Plx4	1	1	2	8,337	7,135	7,736	2.0	3.0	2.5
084	**Miscellaneous Ear, Nose And Throat Procedures**		**54**	**55**	**109**	**2,356**	**2,259**	**2,307**	**1.5**	**1.3**	**1.4**
084		Plx1	53	54	107	2,305	2,202	2,253	1.5	1.3	1.4
084		Plx2	2	1	5	11,652	13,182	9,749	7.0	6.0	6.7
084		Plx3	4	1	5	8,326	5,373	7,735	9.0	3.0	7.8
084		Plx4	1	1	5	23,734	26,749	29,726	17.0	11.0	14.0
085	**Mastoid Procedures**		**128**	**84**	**212**	**12,667**	**11,610**	**12,248**	**1.4**	**1.5**	**1.4**
085		Plx1	125	81	206	12,630	11,652	12,246	1.4	1.5	1.4
085		Plx2	4	3	7	21,313	10,489	16,674	2.5	2.0	2.3
085		Plx3									
085		Plx4		1	1		32,067	32,067		31.0	31.0
086	**Other Tonsillar Procedures**		**19**	**32**	**51**	**2,805**	**3,292**	**3,111**	**2.6**	**3.3**	**3.1**
086		Plx1	17	28	45	2,468	2,977	2,785	2.4	3.1	2.9
086		Plx2	1	2	5	2,575	1,841	2,163	1.0	1.0	1.0
086		Plx3		1	2		11,545	7,566		9.0	9.0
086		Plx4									
087	**Sinus Procedures**		**105**	**38**	**143**	**1,933**	**1,723**	**1,877**	**1.0**	**1.0**	**1.0**
087		Plx1	102	38	140	1,930	1,723	1,874	1.0	1.0	1.0
087		Plx2	4	1	5	5,645	2,450	5,006	2.5	2.0	2.4
087		Plx3	6		6	4,512		4,512	3.7		3.7
087		Plx4		2	5		22,720	23,005		25.0	25.0
088	**Ethmoidectomy (MNRH)**		**33**	**27**	**60**	**2,005**	**1,699**	**1,868**	**1.0**	**1.0**	**1.0**
088		Plx1	32	26	58	1,994	1,715	1,869	1.0	1.0	1.0
088		Plx2	1		3	2,359		2,230	1.0		1.0
088		Plx3		2	4		2,922	3,074		1.5	1.5
088		Plx4									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
089	**Dental Extraction Or Restoration (MNRH)**		**77**	**49**	**126**	**2,375**	**2,102**	**2,269**	**1.4**	**1.3**	**1.3**
089		Plx1	72	46	118	2,328	2,110	2,243	1.4	1.3	1.3
089		**Plx2**	**3**	**3**	**6**	**3,548**	**1,966**	**2,757**	**1.7**	**1.0**	**1.3**
089		Plx3	2		5	2,307		3,802	2.0		2.0
089		**Plx4**	**1**		**1**	**15,160**		**15,160**	**15.0**		**15.0**
090	External And Middle Ear Procedures (MNRH)		73	16	89	1,599	2,193	1,706	1.0	1.0	1.0
090		**Plx1**	**73**	**16**	**89**	**1,599**	**2,193**	**1,706**	**1.0**	**1.0**	**1.0**
090		Plx2			1			2,072			
090		**Plx3**									
090		Plx4									
091	**Nasal Procedures (MNRH)**		**22**	**33**	**55**	**1,695**	**1,707**	**1,702**	**1.0**	**1.0**	**1.0**
091		Plx1	22	33	55	1,695	1,707	1,702	1.0	1.0	1.0
091		**Plx2**			**1**			**2,123**			
091		Plx3									
091		**Plx4**									
092	Myringotomy (MNRH)		5	7	12	2,148	3,745	3,079	2.0	3.1	2.7
092		**Plx1**	**4**	**3**	**7**	**2,076**	**1,646**	**1,892**	**2.0**	**1.0**	**1.6**
092		Plx2	1	1	5	2,433	3,055	3,708	2.0	3.0	2.5
092		**Plx3**		**2**	**3**		**6,177**	**4,182**		**5.5**	**5.5**
092		Plx4									
093	**Tonsillectomy And Adenoidectomy Procedures (MNRH)**		**177**	**199**	**376**	**2,143**	**1,944**	**2,038**	**1.0**	**1.0**	**1.0**
093		Plx1	176	195	371	2,127	1,934	2,025	1.0	1.0	1.0
093		**Plx2**	**1**	**6**	**7**	**5,160**	**3,437**	**3,683**	**3.0**	**2.2**	**2.3**
093		Plx3	2	1	5	3,717	2,487	5,788	1.5	2.0	1.7
093		**Plx4**		**3**	**4**		**9,180**	**14,262**		**4.3**	**4.3**
100	ENT Malignancy		48	25	73	5,865	4,955	5,553	8.0	5.9	7.3
100		**Plx1**	**33**	**16**	**49**	**3,453**	**2,579**	**3,167**	**4.8**	**2.6**	**4.1**
100		Plx2	9	6	15	9,734	9,769	9,748	15.0	13.0	14.2
100		**Plx3**	**4**	**4**	**8**	**18,763**	**20,617**	**19,690**	**24.5**	**16.8**	**20.6**
100		Plx4	4	1	5	20,117	69,003	29,894	21.3	59.0	28.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
101	**Acute Suppurative Infections**		**26**	**34**	**60**	**2,311**	**3,283**	**2,862**	**3.3**	**4.5**	**4.0**
101		Plx1	25	31	56	2,290	3,074	2,724	3.1	4.4	3.8
101		**Plx2**			**3**			**3,551**			
101		Plx3	1	2	5	2,828	7,192	4,691	7.0	7.0	7.0
101		**Plx4**		**1**	**3**		**1,941**	**4,335**		**3.0**	**3.0**
102	Dysequilibrium		170	166	336	2,207	2,182	2,195	4.0	3.9	3.9
102		**Plx1**	**156**	**148**	**304**	**2,049**	**1,923**	**1,987**	**3.6**	**3.4**	**3.5**
102		Plx2	6	12	18	2,875	4,949	4,257	5.2	9.6	8.1
102		**Plx3**	**1**	**2**	**5**	**3,472**	**1,568**	**3,111**	**7.0**	**3.5**	**4.7**
102		Plx4	1		3	2,968		2,407	6.0		6.0
104	**Influenza**		**174**	**204**	**378**	**2,347**	**2,144**	**2,23**	**3.0**	**2.6**	**2.8**
104		Plx1	149	170	319	2,222	1,797	1,995	2.8	2.5	2.7
104		**Plx2**	**20**	**15**	**35**	**3,239**	**1,635**	**2,552**	**4.3**	**2.5**	**3.5**
104		Plx3	5	11	16	3,240	3,037	3,100	3.8	3.4	3.5
104		**Plx4**	**1**	**9**	**10**	**1,294**	**9,543**	**8,718**	**2.0**	**5.4**	**5.1**
107	Epiglottitis		16	22	38	3,767	2,405	2,978	2.8	2.0	2.4
107		**Plx1**	**15**	**21**	**36**	**3,322**	**2,385**	**2,776**	**2.5**	**2.0**	**2.2**
107		Plx2		1	2		2,810	2,919		3.0	3.0
107		**Plx3**									
107		Plx4			1			15,338			
108	**Epistaxis**		**125**	**122**	**247**	**1,886**	**1,946**	**1,916**	**3.3**	**3.1**	**3.2**
108		Plx1	111	104	215	1,722	1,488	1,609	3.1	2.6	2.9
108		**Plx2**	**8**	**9**	**17**	**2,155**	**5,317**	**3,829**	**3.6**	**6.8**	**5.3**
108		Plx3	3	5	8	4,657	4,000	4,246	7.3	3.6	5.0
108		**Plx4**		**3**	**4**		**10,033**	**8,126**		**11.3**	**11.3**
109	Other ENT Infections		109	114	223	2,387	2,316	2,351	3.0	3.5	3.2
109		**Plx1**	**94**	**86**	**180**	**2,214**	**1,673**	**1,956**	**2.9**	**2.7**	**2.8**
109		Plx2	7	12	19	3,974	4,044	4,018	4.0	4.7	4.4
109		**Plx3**	**8**	**6**	**14**	**3,031**	**2,094**	**2,630**	**3.0**	**3.3**	**3.1**
109		Plx4		5	5		10,526	10,526		11.8	11.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
113	**Sinusitis (MNRH)**		**30**	**25**	**55**	**2,536**	**2,262**	**2,412**	**3.9**	**3.2**	**3.5**
113		Pix1	29	22	51	2,467	2,172	2,340	3.8	3.1	3.5
113		**Pix2**	**1**	**3**	**5**	**4,536**	**2,927**	**2,929**	**5.0**	**3.7**	**4.0**
113		Pix3			5			2,428			
113		**Pix4**			**3**			**2,485**			
114	Sore Throat (MNRH)		160	173	333	1,410	1,634	1,526	2.2	2.4	2.3
114		**Pix1**	**149**	**160**	**309**	**1,331**	**1,544**	**1,441**	**2.2**	**2.4**	**2.3**
114		Pix2	6	8	14	2,758	3,343	3,093	3.2	3.8	3.5
114		**Pix3**	**5**	**5**	**10**	**3,035**	**1,796**	**2,416**	**4.2**	**3.2**	**3.7**
114		Pix4	2	1	5	13,530	5,927	10,084	8.5	12.0	9.7
115	**Miscellaneous ENT Diagnoses (MNRH)**		**388**	**97**	**485**	**667**	**1,764**	**886**	**1.2**	**1.7**	**1.3**
115		Pix1	376	87	463	542	1,686	757	1.2	1.6	1.3
115		**Pix2**	**11**	**11**	**22**	**5,015**	**3,327**	**4,171**	**3.5**	**4.3**	**3.9**
115		Pix3	11	8	19	6,752	5,295	6,139	7.1	5.6	6.5
115		**Pix4**	**5**	**3**	**8**	**12,635**	**12,751**	**12,678**	**4.4**	**12.3**	**7.4**
116	Croup (MNRH)		184	89	273	1,409	1,597	1,470	1.5	1.5	1.5
116		**Pix1**	**180**	**84**	**264**	**1,388**	**1,599**	**1,455**	**1.4**	**1.4**	**1.4**
116		Pix2	4	1	5	2,349	653	2,010	3.3	1.0	2.8
116		**Pix3**	**1**	**4**	**5**	**10,369**	**2,291**	**3,907**	**5.0**	**3.5**	**3.8**
116		Pix4	2	1	4	17,508	2,378	14,209	7.0	2.0	5.3
125	**Tracheostomy**		**102**	**91**	**193**	**104,970**	**102,304**	**103,713**	**51.8**	**50.5**	**51.2**
125		Pix1	3	8	11	6,087	16,676	13,788	7.7	12.6	11.3
125		**Pix2**	**1**		**5**	**71,170**		**62,060**	**30.0**		**30.0**
125		Pix3	2	3	5	51,133	16,140	30,137	30.0	8.7	17.2
125		**Pix4**	**96**	**80**	**176**	**109,534**	**114,098**	**111,609**	**53.9**	**55.9**	**54.8**
126	PWS - Resection Of Lung		237	135	372	11,262	12,490	11,707	7.9	8.6	8.2
126		**Pix1**	**158**	**88**	**246**	**9,438**	**9,802**	**9,568**	**6.8**	**7.6**	**7.1**
126		Pix2	39	24	63	11,628	12,057	11,792	9.0	9.8	9.3
126		**Pix3**	**28**	**11**	**39**	**15,183**	**11,753**	**14,216**	**11.5**	**9.1**	**10.8**
126		Pix4	17	15	32	30,499	34,596	32,420	17.4	17.7	17.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
127	**Major Respiratory Procedures**		**521**	**427**	**948**	**10,996**	**10,547**	**10,794**	**9.5**	**9.2**	**9.3**
127		Plx1	304	254	558	6,961	6,627	6,809	6.4	6.3	6.3
127		**Plx2**	**103**	**64**	**167**	**10,942**	**10,344**	**10,713**	**11.1**	**10.5**	**10.9**
127		Plx3	48	49	97	12,318	11,271	11,789	14.4	10.4	12.4
127		**Plx4**	**75**	**60**	**135**	**33,195**	**39,832**	**36,145**	**23.3**	**24.3**	**23.7**
128	**Minor Respiratory Procedures**		67	48	115	9,116	7,439	8,416	5.4	4.9	5.2
128		**Plx1**	**48**	**37**	**85**	**7,133**	**5,378**	**6,369**	**3.9**	**4.1**	**4.0**
128		Plx2	7	6	13	14,663	5,188	10,290	12.4	3.8	8.5
128		**Plx3**	**6**	**2**	**8**	**6,551**	**15,914**	**8,892**	**6.0**	**11.5**	**7.4**
128		Plx4	6	5	11	22,402	48,535	34,281	10.7	28.0	18.5
129	**Other Respiratory Procedures**		**210**	**185**	**395**	**3,531**	**3,365**	**3,454**	**2.3**	**2.1**	**2.2**
129		Plx1	176	154	330	2,968	2,762	2,872	1.4	1.4	1.4
129		**Plx2**	**11**	**8**	**19**	**6,813**	**6,277**	**6,587**	**8.5**	**7.0**	**7.8**
129		Plx3	12	9	21	11,849	7,878	10,147	16.3	9.8	13.5
129		**Plx4**	**11**	**11**	**22**	**26,843**	**24,659**	**25,751**	**23.5**	**20.5**	**22.0**
135	Tuberculosis		41	50	91	11,190	11,401	11,306	22.0	21.3	21.6
135		**Plx1**	**35**	**34**	**69**	**11,239**	**11,266**	**11,253**	**22.6**	**22.4**	**22.5**
135		Plx2	4	6	10	7,918	9,627	8,943	12.8	16.5	15.0
135		**Plx3**	**2**	**5**	**7**	**16,870**	**9,095**	**11,316**	**30.0**	**14.8**	**19.1**
135		Plx4		4	5		15,767	17,040		20.8	20.8
136	**Respiratory Failure**		**335**	**166**	**501**	**13,252**	**14,535**	**13,677**	**10.1**	**10.5**	**10.3**
136		Plx1	77	49	126	6,488	6,889	6,644	7.8	7.0	7.5
136		**Plx2**	**78**	**25**	**103**	**7,532**	**8,737**	**7,824**	**8.5**	**7.6**	**8.3**
136		Plx3	54	30	84	8,346	10,780	9,215	6.9	10.4	8.1
136		**Plx4**	**123**	**62**	**185**	**23,099**	**26,079**	**24,098**	**13.8**	**15.1**	**14.2**
137	**Respiratory Infections And Inflammations**		547	362	909	9,454	7,932	8,848	9.6	8.5	9.2
137		**Plx1**	**231**	**166**	**397**	**5,934**	**5,012**	**5,548**	**7.1**	**6.6**	**6.9**
137		Plx2	103	64	167	7,667	7,228	7,499	9.9	9.4	9.7
137		**Plx3**	**91**	**60**	**151**	**10,794**	**8,806**	**10,004**	**12.3**	**9.7**	**11.3**
137		Plx4	132	75	207	20,642	17,074	19,349	14.6	12.7	13.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
138	**Respiratory Neoplasms**		**579**	**396**	**975**	**7,748**	**7,289**	**7,562**	**11.1**	**10.0**	**10.6**
138		Ptx1	219	156	375	5,825	4,887	5,435	8.3	6.8	7.7
138		**Ptx2**	**180**	**115**	**295**	**7,845**	**7,339**	**7,648**	**12.5**	**11.5**	**12.1**
138		Ptx3	109	74	183	9,513	8,703	9,185	14.0	12.4	13.3
138		**Ptx4**	**74**	**54**	**128**	**12,157**	**13,789**	**12,845**	**14.0**	**14.1**	**14.1**
139	Interstitial Disease		142	109	251	7,103	7,205	7,147	7.8	8.9	8.3
139		**Ptx1**	**66**	**52**	**118**	**3,676**	**5,089**	**4,299**	**5.1**	**6.2**	**5.6**
139		Ptx2	24	19	43	5,672	6,906	6,217	8.8	10.5	9.5
139		**Ptx3**	**30**	**31**	**61**	**7,256**	**9,147**	**8,217**	**9.3**	**11.4**	**10.4**
139		Ptx4	27	9	36	21,776	20,699	21,507	18.1	20.3	18.7
140	**Chronic Obstructive Pulmonary Disease (COPD)**		**234**	**183**	**417**	**4,814**	**4,483**	**4,669**	**7.6**	**7.5**	**7.6**
140		Ptx1	122	104	226	3,729	3,686	3,709	6.5	6.7	6.6
140		**Ptx2**	**65**	**47**	**112**	**4,615**	**4,460**	**4,550**	**8.2**	**8.2**	**8.2**
140		Ptx3	27	28	55	7,375	7,241	7,307	10.5	12.2	11.4
140		**Ptx4**	**27**	**15**	**42**	**11,777**	**17,252**	**13,733**	**15.9**	**25.0**	**19.1**
141	Pulmonary Edema		92	63	155	7,660	9,734	8,503	6.7	6.9	6.8
141		**Ptx1**	**42**	**26**	**68**	**3,914**	**3,862**	**3,894**	**4.1**	**4.8**	**4.3**
141		Ptx2	20	16	36	6,721	4,357	5,670	6.0	5.9	5.9
141		**Ptx3**	**15**	**6**	**21**	**10,085**	**5,472**	**8,767**	**10.1**	**5.3**	**8.7**
141		Ptx4	21	15	36	28,209	29,716	28,837	19.3	12.7	16.6
142	**Chronic Bronchitis**		**1,682**	**1,069**	**2,751**	**4,194**	**4,130**	**4,169**	**6.6**	**6.7**	**6.6**
142		Ptx1	1,023	644	1,667	3,076	2,964	3,032	5.5	5.6	5.5
142		**Ptx2**	**370**	**256**	**626**	**4,504**	**4,278**	**4,412**	**7.5**	**7.7**	**7.6**
142		Ptx3	205	112	317	6,659	7,061	6,801	9.9	9.9	9.9
142		**Ptx4**	**114**	**78**	**192**	**14,548**	**14,824**	**14,660**	**15.1**	**14.3**	**14.8**
143	Simple Pneumonia And Pleurisy		3,133	2,530	5,663	4,209	3,957	4,097	5.7	5.6	5.7
143		**Ptx1**	**2,026**	**1,741**	**3,767**	**3,044**	**2,867**	**2,962**	**4.6**	**4.7**	**4.7**
143		Ptx2	553	392	945	4,876	4,442	4,696	7.5	7.0	7.3
143		**Ptx3**	**365**	**233**	**598**	**7,231**	**6,779**	**7,055**	**9.9**	**9.0**	**9.5**
143		Ptx4	289	210	499	14,768	14,777	14,772	13.3	13.5	13.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
144	Pneumothorax		184	131	315	3,215	3,350	3,271	4.7	4.4	4.5
144		Pix1	151	113	264	2,804	2,893	2,842	4.3	4.0	4.2
144		Pix2	23	11	34	4,745	5,413	4,961	6.5	5.7	6.3
144		Pix3	10	6	16	8,808	12,302	10,119	10.9	13.2	11.8
144		Pix4	5	4	9	10,445	12,539	11,376	15.0	12.8	14.0
145	Tracheobronchitis		667	967	1,634	2,962	2,900	2,925	3.2	3.4	3.3
145		Pix1	592	861	1,453	2,962	2,805	2,869	3.2	3.4	3.3
145		Pix2	78	88	166	4,432	4,335	4,380	5.3	4.6	4.9
145		Pix3	24	52	76	5,536	5,536	5,536	6.1	5.9	5.9
145		Pix4	19	34	53	41,464	34,798	37,188	16.6	14.5	15.2
146	Asthma		1,174	1,176	2,350	2,354	2,089	2,222	2.9	2.8	2.8
146		Pix1	1,005	1,036	2,041	2,098	1,856	1,975	2.6	2.6	2.6
146		Pix2	128	114	242	3,239	2,889	3,074	4.5	4.3	4.4
146		Pix3	40	30	70	5,401	4,517	5,022	5.6	5.0	5.3
146		Pix4	14	8	22	16,690	28,153	20,858	8.8	13.6	10.5
147	Other Respiratory Diagnoses		615	415	1,030	3,367	3,648	3,480	3.6	4.0	3.8
147		Pix1	461	279	740	2,329	2,833	2,519	2.8	3.3	3.0
147		Pix2	71	76	147	3,774	4,020	3,901	4.5	5.0	4.8
147		Pix3	60	44	104	6,787	6,042	6,472	8.1	6.6	7.5
147		Pix4	34	25	59	27,166	18,211	23,371	13.4	12.6	13.0
175	PWS - Heart Or Lung Transplant		68	51	119	76,134	68,783	72,984	33.3	26.5	30.4
175		Pix1	3	6	9	43,073	48,069	46,404	18.7	19.0	18.9
175		Pix2	8	9	17	40,820	51,265	46,350	17.1	16.0	16.5
175		Pix3	13	8	21	44,570	50,790	46,940	19.1	19.9	19.4
175		Pix4	43	34	77	94,171	114,065	102,955	42.4	49.6	45.6
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		38	65	103	40,427	34,340	36,586	25.4	22.6	23.6
176		Pix1	4	8	12	22,310	28,271	26,284	11.5	17.4	15.4
176		Pix2	12	31	43	32,028	28,080	29,182	21.8	18.5	19.5
176		Pix3	6	13	19	35,856	38,138	37,417	23.3	28.2	26.7
176		Pix4	17	13	30	55,457	49,205	52,748	35.1	29.7	32.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		415	425	840	21,954	23,086	22,527	9.0	9.5	9.3
177		Plx1	159	148	307	16,838	18,136	17,464	6.4	7.0	6.7
177		Plx2	114	127	241	20,988	20,550	20,757	8.9	8.9	8.9
177		Plx3	79	89	168	25,440	25,959	25,715	12.1	12.2	12.2
177		Plx4	86	79	165	45,678	47,418	46,511	19.1	20.5	19.7
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		309	313	622	28,408	28,023	28,214	18.6	18.9	18.8
178		Plx1	34	30	64	20,780	21,516	21,125	15.4	14.9	15.2
178		Plx2	133	136	269	22,372	23,523	22,954	16.3	17.1	16.7
178		Plx3	68	76	144	30,515	25,726	27,987	19.9	18.4	19.1
178		Plx4	77	74	151	43,895	44,680	44,280	24.8	26.1	25.4
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		1,377	1,287	2,664	16,014	15,977	15,996	8.0	8.1	8.1
179		Plx1	373	398	771	12,672	13,265	12,978	5.6	5.9	5.7
179		Plx2	567	554	1,121	14,950	14,970	14,960	7.9	8.0	7.9
179		Plx3	285	227	512	18,005	19,053	18,470	9.3	10.2	9.7
179		Plx4	163	105	268	31,987	34,326	32,904	15.7	16.9	16.2
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		25	22	47	68,444	45,743	57,818	22.0	17.9	20.1
181		Plx1	1	3	5	18,411	17,153	17,862	18.0	14.0	15.0
181		Plx2	4	6	10	18,151	32,418	26,711	11.8	19.5	16.4
181		Plx3	1	5	6	67,398	38,233	43,094	30.0	14.6	17.2
181		Plx4	20	8	28	84,304	71,151	80,546	26.9	20.3	25.0
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		291	209	500	20,474	18,633	19,705	7.7	7.4	7.6
182		Plx1	105	85	190	14,637	14,234	14,456	5.5	5.5	5.5
182		Plx2	63	63	126	16,958	17,380	17,169	6.9	7.2	7.0
182		Plx3	50	23	73	19,306	19,128	19,250	7.4	7.4	7.4
182		Plx4	76	37	113	38,654	36,074	38,464	13.6	14.4	13.9
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		81	67	148	21,257	20,279	20,814	11.1	11.1	11.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
183		Plx1	12	7	19	10,014	11,297	10,487	6.3	8.7	7.2
183		Plx2	20	16	36	18,340	17,790	18,096	13.1	14.6	13.8
183		Plx3	14	14	28	18,825	12,760	15,793	9.4	6.6	8.0
183		Plx4	36	31	67	28,052	28,382	28,205	14.0	13.3	13.7
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		121	95	216	18,992	19,328	19,140	11.2	9.9	10.6
184		Plx1	32	27	59	13,017	11,253	12,209	8.6	8.3	8.4
184		Plx2	25	20	45	12,243	16,242	14,020	7.9	7.8	7.8
184		Plx3	20	19	39	18,437	16,383	17,436	11.5	10.1	10.8
184		Plx4	45	31	76	30,449	33,380	31,645	16.4	14.9	15.8
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		214	138	352	34,942	34,651	34,828	11.2	12.8	11.8
185		Plx1	74	48	122	32,794	31,693	32,361	6.6	7.5	6.9
185		Plx2	73	37	110	32,875	34,661	33,476	9.4	12.6	10.5
185		Plx3	41	29	70	34,402	38,230	35,988	14.2	16.6	15.2
185		Plx4	25	23	48	48,163	35,936	42,304	23.9	18.3	21.2
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		633	465	1,098	16,173	18,168	17,018	5.2	5.4	5.3
186		Plx1	457	333	790	14,782	16,591	15,545	3.7	3.5	3.6
186		Plx2	99	80	179	19,956	21,638	20,708	8.8	10.2	9.4
186		Plx3	58	47	105	20,557	23,296	21,783	9.5	13.8	11.4
186		Plx4	29	23	52	25,583	31,856	28,358	16.1	16.6	16.3
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,104	832	1,936	10,207	10,317	10,254	4.5	4.6	4.5
188		Plx1	727	590	1,317	9,457	9,661	9,548	3.8	4.0	3.9
188		Plx2	240	163	403	10,895	11,225	11,028	5.7	5.4	5.5
188		Plx3	99	62	161	12,583	13,810	13,055	7.2	8.9	7.9
188		Plx4	63	38	101	20,025	20,404	20,167	11.3	12.9	11.9
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1,166	1,155	2,321	7,810	7,827	7,818	2.4	2.5	2.5
189		Plx1	384	373	757	6,805	6,704	6,755	1.0	1.0	1.0
189		Plx2	621	628	1,249	8,170	8,282	8,226	2.9	3.1	3.0
189		Plx3	74	68	142	10,040	11,528	10,753	6.0	6.7	6.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
189		Plx4	18	16	34	22,151	22,806	22,460	12.9	14.4	13.6
191	Temporary Cardiac Pacemaker		40	40	80	9,397	9,017	9,207	7.0	7.5	7.2
191		Plx1	10	14	24	6,002	5,729	5,843	3.4	5.8	4.8
191		Plx2	7	3	10	7,251	3,299	6,065	4.9	3.3	4.4
191		Plx3	7	7	14	8,896	6,753	7,824	6.7	6.9	6.8
191		Plx4	16	16	32	14,235	13,957	14,096	11.4	10.0	10.7
193	Cardiac Pacemaker Device Replacement Or Revision		115	85	200	13,333	10,229	12,014	2.3	2.0	2.2
193		Plx1	91	69	160	11,085	9,389	10,353	1.5	1.4	1.4
193		Plx2	7	7	14	26,231	19,267	22,749	7.4	8.1	7.8
193		Plx3	9	5	14	26,344	15,414	22,440	9.4	4.4	7.6
193		Plx4	1	1	4	34,850	19,349	18,462	21.0	12.0	16.5
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		189	179	368	5,265	4,996	5,134	2.1	2.2	2.2
194		Plx1	150	134	284	3,895	3,924	3,909	1.3	1.3	1.3
194		Plx2	19	19	38	7,649	6,475	7,062	4.7	4.6	4.7
194		Plx3	4	7	11	9,882	10,227	10,101	7.0	6.3	6.5
194		Plx4	10	9	19	44,029	29,912	37,342	21.7	10.7	16.5
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		78	43	121	9,425	6,346	8,330	5.5	4.0	5.0
200		Plx1	20	7	27	4,575	3,111	4,195	3.6	1.9	3.1
200		Plx2	17	12	29	7,923	5,371	6,867	6.1	2.9	4.8
200		Plx3	11	12	23	8,449	6,043	7,194	4.0	4.4	4.2
200		Plx4	30	11	41	14,636	11,104	13,688	7.7	5.5	7.1
201	AMI With Cardiac Cath With Congestive Heart Failure		85	40	125	12,383	10,855	11,894	11.4	11.5	11.5
201		Plx1	53	25	78	10,695	9,660	10,363	10.6	11.4	10.8
201		Plx2	16	7	23	16,937	10,644	15,021	14.4	13.3	14.0
201		Plx3	11	5	16	12,786	9,365	11,717	11.4	8.2	10.4
201		Plx4	5	3	8	14,811	23,788	18,177	11.2	14.0	12.3
202	AMI With Cardiac Cath With Ventricular Tachycardia		21	9	30	9,545	6,363	8,590	7.6	10.6	8.5
202		Plx1	15	7	22	8,203	5,886	7,465	6.9	8.9	7.5
202		Plx2	3		5	15,109		13,199	9.0		9.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
202		Pix3	2	2	5	10,259	8,035	9,410	9.0	16.5	12.8
202		Pix4	1	1	4	11,557	42,491	26,802	11.0	22.0	16.5
203	AMI With Cardiac Cath With Angina		55	20	75	9,430	5,791	8,460	9.2	8.7	9.1
203		Pix1	44	14	58	8,990	5,767	8,212	8.4	8.1	8.3
203		Pix2	8	5	13	11,239	5,877	9,177	14.4	10.6	12.9
203		Pix3	2	1	5	11,964	5,694	10,733	10.5	6.0	9.0
203		Pix4	1		3	9,243		19,311	3.0		3.0
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		345	139	484	9,071	7,047	8,490	7.7	8.2	7.9
204		Pix1	304	118	422	8,715	6,389	8,064	7.2	7.8	7.4
204		Pix2	17	8	25	8,664	8,571	8,634	8.5	9.3	8.8
204		Pix3	16	4	20	14,051	6,278	12,496	13.3	7.8	12.2
204		Pix4	5	7	12	13,662	14,732	14,286	10.0	10.6	10.3
205	AMI Without Cardiac Cath With Congestive Heart Failure		218	203	421	8,998	7,627	8,337	9.5	10.4	9.9
205		Pix1	119	112	231	7,444	6,078	6,782	8.1	8.8	8.5
205		Pix2	36	39	75	9,345	8,586	8,950	9.4	11.1	10.3
205		Pix3	40	28	68	9,364	9,468	9,407	10.2	12.5	11.1
205		Pix4	24	25	49	17,658	14,278	15,934	17.0	16.9	17.0
206	AMI Without Cardiac Cath With Ventricular Tachycardia		53	40	93	7,175	4,807	6,157	7.1	5.6	6.4
206		Pix1	31	28	59	6,004	4,109	5,105	6.4	4.8	5.6
206		Pix2	13	5	18	9,847	4,029	8,230	8.5	5.2	7.6
206		Pix3	5	4	9	6,430	6,290	6,368	7.4	8.0	7.7
206		Pix4	4	2	6	8,499	13,221	10,073	7.5	8.5	7.8
207	AMI Without Cardiac Cath With Angina		49	50	99	5,778	4,963	5,366	5.7	7.8	6.7
207		Pix1	41	45	86	5,342	4,890	5,106	5.3	7.7	6.5
207		Pix2	5	3	8	6,864	4,114	5,833	7.2	9.3	8.0
207		Pix3	3	1	5	9,521	13,132	10,589	8.0	17.0	10.3
207		Pix4		1	3		2,609	6,199		1.0	1.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		893	616	1,509	5,188	4,426	4,877	5.2	5.6	5.3
208		Pix1	766	521	1,287	4,976	4,212	4,667	5.1	5.5	5.3
208		Pix2	60	48	108	7,665	5,068	6,511	8.0	7.1	7.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
208		Ptx3	51	34	85	6,782	6,289	6,585	6.7	7.9	7.2
208		Ptx4	41	27	68	14,298	10,009	12,595	9.7	9.9	9.8
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		11	7	18	9,058	4,823	7,411	9.2	9.1	9.2
210		Ptx1	8	6	14	8,936	5,310	7,382	8.5	9.7	9.0
210		Ptx2	1	1	2	4,504	1,902	3,203	6.0	6.0	6.0
210		Ptx3	1		2	11,903		17,983	17.0		17.0
210		Ptx4	2		2	25,058		25,058	19.5		19.5
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		81	41	122	8,874	3,877	7,195	8.3	7.8	8.2
211		Ptx1	76	37	113	8,708	3,620	7,042	8.1	7.8	8.0
211		Ptx2	3	3	6	7,636	4,880	6,258	9.3	8.0	8.7
211		Ptx3	1	1	3	7,838	10,364	8,880	6.0	7.0	6.5
211		Ptx4	1		2	26,255		27,739	23.0		23.0
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		35	39	74	6,226	3,490	4,784	6.2	5.7	5.9
212		Ptx1	30	29	59	5,920	2,906	4,438	5.9	5.0	5.4
212		Ptx2	4	8	12	7,756	4,639	5,678	6.0	6.9	6.6
212		Ptx3	1	2	5	25,874	7,356	10,262	26.0	12.5	17.0
212		Ptx4			5			8,228			
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		253	321	574	3,326	2,527	2,879	3.7	4.1	3.9
213		Ptx1	243	302	545	3,293	2,487	2,846	3.7	4.1	3.9
213		Ptx2	10	17	27	3,812	3,724	3,756	6.9	5.9	6.3
213		Ptx3		3	5		1,551	3,945		3.0	3.0
213		Ptx4	3	1	5	8,675	957	7,523	9.0	1.0	7.0
215	Cardiac Cath With Congestive Heart Failure		211	128	339	10,797	13,936	11,982	11.5	13.4	12.2
215		Ptx1	148	76	224	8,904	8,568	8,790	10.0	10.4	10.2
215		Ptx2	24	14	38	12,708	12,926	12,789	13.1	17.4	14.7
215		Ptx3	21	14	35	14,203	19,570	16,350	15.4	18.1	16.5
215		Ptx4	20	28	48	22,396	30,441	27,089	19.7	21.8	20.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
216	Cardiac Cath With Ventricular Tachycardia		96	76	172	7,806	8,906	8,292	7.7	8.8	8.2
216		Ptx1	88	63	151	7,145	7,841	7,435	7.4	8.2	7.7
216		Ptx2	5	7	12	9,594	11,758	10,857	9.4	12.3	11.1
216		Ptx3	2	3	5	26,134	15,306	19,637	24.5	12.3	17.2
216		Ptx4	2	3	5	26,277	18,220	21,443	15.5	9.0	11.6
217	Cardiac Cath With Unstable Angina		288	188	476	6,824	5,766	6,406	6.8	6.1	6.5
217		Ptx1	261	170	431	6,457	5,481	6,072	6.3	5.7	6.1
217		Ptx2	16	12	28	10,763	7,791	9,489	10.8	7.8	9.5
217		Ptx3	9	5	14	10,562	8,927	9,978	14.9	11.4	13.6
217		Ptx4	1	2	5	7,126	24,963	15,794	12.0	25.5	21.0
218	Cardiac Cath Without Specified Cardiac Conditions		560	443	1,003	4,795	4,622	4,719	4.2	4.4	4.3
218		Ptx1	520	412	932	4,679	4,368	4,541	4.1	4.3	4.2
218		Ptx2	30	24	54	5,955	5,662	5,825	5.6	5.7	5.6
218		Ptx3	14	5	19	10,463	7,936	9,798	9.9	9.8	9.8
218		Ptx4	2	4	6	15,907	26,326	22,853	22.0	11.0	14.7
219	Endocarditis		51	53	104	12,041	9,162	10,574	15.3	13.0	14.1
219		Ptx1	15	25	40	5,964	6,633	6,382	10.5	8.3	9.2
219		Ptx2	7	6	13	11,731	7,964	9,992	14.9	13.7	14.3
219		Ptx3	12	9	21	10,213	11,479	10,756	13.3	17.6	15.1
219		Ptx4	17	12	29	18,822	12,333	16,137	21.1	16.8	19.3
220	Pulmonary Embolism		426	325	751	4,364	5,221	4,734	6.2	6.9	6.5
220		Ptx1	255	183	438	3,561	4,230	3,840	5.7	6.2	5.9
220		Ptx2	115	94	209	4,471	5,199	4,798	6.1	7.4	6.7
220		Ptx3	39	33	72	6,980	7,841	7,375	9.7	10.1	9.9
220		Ptx4	21	23	44	11,633	15,527	13,669	9.4	12.3	11.0
222	Heart Failure		1,805	1,347	3,152	5,598	5,091	5,382	8.4	8.5	8.4
222		Ptx1	1,113	836	1,949	4,172	3,901	4,056	6.8	7.0	6.9
222		Ptx2	307	252	559	5,882	5,429	5,678	9.4	9.7	9.5
222		Ptx3	209	147	356	8,012	7,604	7,843	12.0	12.9	12.4
222		Ptx4	219	132	351	16,337	14,145	15,513	19.9	16.9	18.8

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
225	**Hypertensive Heart Disease**		**71**	**48**	**119**	**5,353**	**3,977**	**4,798**	**8.2**	**6.9**	**7.7**
225		Pix1	43	32	75	3,656	3,352	3,526	5.7	5.9	5.8
225		Pix2	10	9	19	6,360	3,063	4,798	11.2	6.0	8.7
225		Pix3	10	6	16	8,903	8,925	8,911	11.0	14.3	12.3
225		Pix4	9	2	11	11,520	8,399	10,952	17.7	17.5	17.6
226	**Other Circulatory Diagnoses**		**482**	**390**	**872**	**5,212**	**4,199**	**4,759**	**6.0**	**5.4**	**5.7**
226		Pix1	308	252	560	3,533	3,186	3,377	4.4	4.3	4.4
226		Pix2	80	77	157	6,095	4,953	5,535	7.6	7.2	7.4
226		Pix3	51	53	104	7,706	7,723	7,715	10.5	9.1	9.8
226		Pix4	50	19	69	17,891	17,899	17,893	13.9	15.9	14.5
229	**Atherosclerosis (MNRH)**		**999**	**910**	**1,909**	**4,392**	**4,197**	**4,299**	**6.2**	**6.1**	**6.2**
229		Pix1	820	743	1,563	3,957	3,871	3,916	5.7	5.6	5.7
229		Pix2	126	114	240	6,308	5,617	5,980	8.7	7.5	8.1
229		Pix3	41	45	86	8,322	8,557	8,445	11.3	13.4	12.4
229		Pix4	19	16	35	14,748	9,652	12,418	13.9	13.7	13.8
232	**Acquired Valvular Disorders (MNRH)**		**58**	**51**	**109**	**5,708**	**4,915**	**5,337**	**8.3**	**8.7**	**8.5**
232		Pix1	38	31	69	4,026	4,162	4,087	6.3	8.5	7.3
232		Pix2	13	14	27	7,785	7,368	7,569	13.5	10.4	11.9
232		Pix3	5	6	11	6,217	3,079	4,506	7.4	5.8	6.5
232		Pix4	2	1	5	22,891	17,844	14,659	16.0	36.0	22.7
233	**Hypertension (MNRH)**		**127**	**140**	**267**	**2,582**	**2,903**	**2,750**	**4.1**	**4.2**	**4.1**
233		Pix1	102	103	205	2,270	1,999	2,134	3.7	3.0	3.4
233		Pix2	19	18	37	3,566	4,183	3,867	5.9	6.6	6.2
233		Pix3	5	7	12	4,109	6,645	5,588	8.0	10.7	9.6
233		Pix4	4	6	10	16,982	15,975	16,378	16.5	13.8	14.9
234	**Congenital Cardiac Disorders (MNRH)**		**27**	**15**	**42**	**10,178**	**3,044**	**7,630**	**5.4**	**4.1**	**5.0**
234		Pix1	10	8	18	4,753	1,795	3,439	3.2	3.0	3.1
234		Pix2	10	4	14	5,175	3,192	4,608	4.3	4.3	4.3
234		Pix3	4	2	6	11,869	8,240	10,660	13.0	8.5	11.5
234		Pix4	4	1	5	36,878	2,046	29,912	11.8	3.0	10.0

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
235	Angina Pectoris		135	156	291	2,755	2,234	2,476	3.4	3.6	3.5
235		Pix1	124	142	266	2,661	2,210	2,420	3.3	3.5	3.4
235		Pix2	11	12	23	4,342	2,563	3,414	5.7	5.2	5.4
235		Pix3	4	6	10	5,800	5,184	5,430	9.3	8.7	8.9
235		Pix4			1			1,982			
237	Arrhythmia		1,162	1,004	2,166	3,800	3,256	3,548	5.0	4.9	5.0
237		Pix1	849	769	1,618	3,049	2,641	2,855	4.0	4.1	4.1
237		Pix2	196	165	361	4,785	4,302	4,564	7.0	7.2	7.1
237		Pix3	82	50	132	8,018	7,500	7,822	9.7	11.5	10.4
237		Pix4	38	27	65	12,580	12,450	12,526	12.9	12.9	12.9
240	Syncope And Collapse		287	280	567	2,784	2,409	2,599	4.2	4.2	4.2
240		Pix1	255	243	498	2,668	2,309	2,493	4.1	4.1	4.1
240		Pix2	18	29	47	3,501	3,215	3,324	4.7	5.4	5.1
240		Pix3	11	11	22	4,646	6,682	5,664	6.5	12.0	9.3
240		Pix4	5	4	9	11,895	7,239	9,825	15.0	12.5	13.9
242	Chest Pain		1,040	1,166	2,206	2,225	2,040	2,127	2.7	2.8	2.7
242		Pix1	967	1,064	2,031	2,178	1,984	2,076	2.6	2.7	2.6
242		Pix2	69	108	177	3,071	3,024	3,042	4.2	4.4	4.4
242		Pix3	12	11	23	3,991	4,385	4,179	5.7	5.9	5.8
242		Pix4	1	2	5	2,904	4,897	6,010	5.0	8.0	7.0
250	Extensive Gastrointestinal Procedures		44	38	82	23,255	30,538	26,630	18.3	18.9	18.6
250		Pix1	10	13	23	17,389	18,280	17,893	12.6	13.9	13.3
250		Pix2	10	9	19	19,183	18,397	18,811	15.6	13.3	14.5
250		Pix3	7	5	12	17,836	22,268	19,683	16.4	18.8	17.4
250		Pix4	19	11	30	37,670	68,468	48,963	29.7	31.5	30.4
251	Gastrostomy And Colostomy Procedures		760	630	1,390	19,951	18,410	19,252	17.3	17.0	17.2
251		Pix1	276	249	525	11,073	10,220	10,668	11.7	11.1	11.4
251		Pix2	80	91	171	13,717	12,935	13,301	13.9	14.1	14.0
251		Pix3	128	87	215	16,548	16,621	16,577	17.0	17.3	17.1
251		Pix4	308	212	520	40,997	37,152	39,429	31.0	29.5	30.4

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
252	**Major Esophageal, Stomach And Duodenum Procedures**		**69**	**75**	**144**	**13,841**	**16,694**	**15,327**	**13.4**	**14.5**	**14.0**
252		Plx1	37	39	76	11,233	11,442	11,340	11.1	11.6	11.4
252		**Plx2**	**10**	**11**	**21**	**12,712**	**13,955**	**13,363**	**13.7**	**13.3**	**13.5**
252		Plx3	10	11	21	20,062	19,558	19,798	21.9	17.4	19.5
252		**Plx4**	**18**	**13**	**31**	**36,945**	**35,964**	**36,533**	**29.6**	**23.8**	**27.2**
253	**Major Intestinal And Rectal Procedures**		**1,799**	**1,256**	**3,055**	**9,936**	**9,278**	**9,665**	**10.1**	**10.0**	**10.1**
253		**Plx1**	**1,119**	**788**	**1,907**	**8,112**	**7,611**	**7,905**	**8.5**	**8.7**	**8.6**
253		Plx2	241	206	447	10,671	10,077	10,397	11.4	11.4	11.4
253		**Plx3**	**249**	**159**	**408**	**12,531**	**11,917**	**12,292**	**13.1**	**12.9**	**13.0**
253		Plx4	228	142	370	22,767	23,060	22,879	19.6	20.6	20.0
255	**Less Extensive Esophageal, Stomach And Duodenum Procedures**		**597**	**420**	**1,017**	**6,078**	**7,052**	**6,481**	**5.4**	**6.4**	**5.8**
255		Plx1	493	329	822	5,010	5,499	5,206	4.6	5.3	4.9
255		**Plx2**	**42**	**31**	**73**	**8,010**	**8,624**	**8,271**	**7.6**	**8.4**	**7.9**
255		Plx3	43	29	72	13,263	14,483	13,754	13.2	14.2	13.6
255		**Plx4**	**45**	**44**	**89**	**29,271**	**23,022**	**26,181**	**19.6**	**16.5**	**18.0**
258	Laparotomy		540	444	984	6,717	7,050	6,867	7.1	7.6	7.3
258		**Plx1**	**384**	**300**	**684**	**5,323**	**5,310**	**5,317**	**5.8**	**6.1**	**5.9**
258		Plx2	55	56	111	7,673	8,655	8,168	9.1	9.5	9.3
258		**Plx3**	**52**	**41**	**93**	**10,488**	**10,265**	**10,390**	**11.2**	**11.6**	**11.4**
258		Plx4	60	52	112	20,517	20,581	20,546	15.7	16.0	15.8
260	**Less Extensive Intestinal And Rectal Procedures**		**45**	**29**	**74**	**5,499**	**5,482**	**5,493**	**5.0**	**5.1**	**5.0**
260		Plx1	33	20	53	4,696	5,450	4,980	4.2	4.7	4.4
260		**Plx2**	**6**	**3**	**9**	**9,235**	**5,981**	**8,150**	**8.0**	**5.7**	**7.2**
260		Plx3	3	5	8	5,991	4,870	5,290	6.7	5.8	6.1
260		**Plx4**	**4**	**3**	**7**	**7,282**	**10,026**	**8,458**	**9.0**	**16.3**	**12.1**
261	**Complicated Appendectomy**		**659**	**415**	**1,074**	**4,316**	**4,430**	**4,360**	**4.4**	**4.9**	**4.6**
261		**Plx1**	**578**	**346**	**924**	**3,997**	**3,997**	**3,997**	**4.1**	**4.5**	**4.3**
261		Plx2	45	40	85	6,283	6,514	6,392	5.8	7.1	6.4
261		**Plx3**	**34**	**29**	**63**	**9,033**	**7,246**	**8,211**	**8.9**	**8.5**	**8.7**
261		Plx4	13	11	24	9,383	14,831	11,880	10.2	11.4	10.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
262	**Simple Appendectomy**		**1,297**	**1,010**	**2,307**	**2,631**	**2,670**	**2,648**	**2.3**	**2.4**	**2.3**
262		Plx1	1,260	959	2,219	2,592	2,605	2,597	2.3	2.3	2.3
262		**Plx2**	**33**	**39**	**72**	**4,320**	**3,934**	**4,111**	**4.1**	**4.0**	**4.0**
262		Plx3	12	23	35	4,532	5,217	4,982	4.9	4.3	4.5
262		**Plx4**	**7**	**4**	**11**	**7,836**	**8,718**	**8,157**	**9.1**	**11.0**	**9.8**
264	Minor Gastrointestinal Procedures		67	42	109	3,597	4,232	3,842	2.9	3.3	3.1
264		**Plx1**	**61**	**32**	**93**	**3,554**	**3,959**	**3,693**	**2.9**	**2.8**	**2.8**
264		Plx2	5	8	13	5,774	6,653	6,315	5.6	7.1	6.5
264		**Plx3**	**2**	**4**	**6**	**4,520**	**5,328**	**5,059**	**4.0**	**4.5**	**4.3**
264		Plx4	2		5	63,126		49,808	53.0		53.0
265	**Abdominal Laparoscopy**		**47**	**65**	**112**	**3,374**	**2,675**	**2,969**	**3.7**	**2.7**	**3.1**
265		Plx1	42	64	106	3,130	2,604	2,812	3.3	2.6	2.8
265		**Plx2**	**1**		**5**	**2,785**		**3,954**	**5.0**		**5.0**
265		Plx3	3		5	15,763		11,876	16.3		16.3
265		**Plx4**	**1**	**1**	**5**	**5,031**	**12,527**	**10,138**	**6.0**	**19.0**	**12.5**
266	Anus And Stomal Procedures (MNRH)		449	337	786	2,150	2,473	2,288	2.1	2.3	2.2
266		**Plx1**	**412**	**309**	**721**	**2,036**	**2,389**	**2,187**	**2.0**	**2.2**	**2.1**
266		Plx2	39	27	66	4,088	4,163	4,119	4.9	4.5	4.7
266		**Plx3**	**9**	**8**	**17**	**8,019**	**5,797**	**6,973**	**10.0**	**6.9**	**8.5**
266		Plx4	7	2	9	16,554	18,163	16,911	21.6	14.5	20.0
269	**Bilateral Hernia Procedures**		**875**	**794**	**1,669**	**3,017**	**2,839**	**2,932**	**2.5**	**2.3**	**2.4**
269		Plx1	829	746	1,575	2,913	2,721	2,822	2.3	2.2	2.3
269		**Plx2**	**35**	**41**	**76**	**6,154**	**4,432**	**5,225**	**5.3**	**4.9**	**5.1**
269		Plx3	20	13	33	6,514	7,489	6,898	7.2	6.1	6.8
269		**Plx4**	**13**	**9**	**22**	**10,050**	**9,268**	**9,730**	**11.2**	**9.4**	**10.5**
271	Unilateral Hernia Procedures (MNRH)		137	158	295	2,372	2,349	2,360	1.6	1.6	1.6
271		**Plx1**	**132**	**154**	**286**	**2,259**	**2,248**	**2,253**	**1.6**	**1.6**	**1.6**
271		Plx2	5	4	9	4,891	3,612	4,322	4.6	5.3	4.9
271		**Plx3**	**6**	**2**	**8**	**10,017**	**10,006**	**10,015**	**10.3**	**3.0**	**8.5**
271		Plx4	3	4	7	10,452	11,544	11,076	13.0	14.3	13.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
279	**Digestive System Malignancy**		**307**	**234**	**541**	**5,600**	**6,037**	**5,789**	**8.2**	**8.9**	**8.5**
279		Plx1	147	118	265	3,897	4,400	4,121	6.4	6.9	6.6
279		**Plx2**	**88**	**69**	**157**	**6,083**	**6,422**	**6,232**	**8.8**	**9.7**	**9.2**
279		Plx3	42	31	73	8,015	10,208	8,946	11.5	16.0	13.4
279		**Plx4**	**29**	**19**	**48**	**9,218**	**10,918**	**9,891**	**10.8**	**11.6**	**11.1**
281	G.I. Hemorrhage		1,038	791	1,829	3,020	3,034	3,026	4.3	4.4	4.4
281		**Plx1**	**723**	**579**	**1,302**	**2,392**	**2,479**	**2,430**	**3.7**	**3.8**	**3.8**
281		Plx2	188	128	316	3,726	3,523	3,644	5.4	5.6	5.5
281		**Plx3**	**81**	**63**	**144**	**4,838**	**6,059**	**5,372**	**6.4**	**8.9**	**7.5**
281		Plx4	71	35	106	11,658	14,029	12,441	11.9	13.3	12.4
285	**Complicated Ulcer**		**60**	**59**	**119**	**2,976**	**3,449**	**3,211**	**4.0**	**5.6**	**4.8**
285		Plx1	33	32	65	2,390	2,966	2,674	3.5	5.0	4.3
285		**Plx2**	**19**	**21**	**40**	**2,277**	**3,052**	**2,683**	**3.7**	**4.8**	**4.3**
285		Plx3	5	5	10	5,462	7,421	6,441	5.8	10.6	8.2
285		**Plx4**	**4**	**2**	**6**	**12,075**	**28,456**	**17,535**	**10.5**	**52.5**	**24.5**
286	Uncomplicated Ulcer		97	95	192	2,306	2,277	2,292	3.9	3.5	3.7
286		**Plx1**	**70**	**68**	**138**	**2,111**	**2,150**	**2,130**	**3.6**	**3.4**	**3.5**
286		Plx2	26	22	48	2,716	2,053	2,412	4.5	3.5	4.1
286		**Plx3**	**3**	**5**	**8**	**9,165**	**5,000**	**6,562**	**12.0**	**5.0**	**7.6**
286		Plx4	1	3	5	19,061	28,471	21,454	34.0	56.7	51.0
289	**Inflammatory Bowel Disease**		**481**	**377**	**858**	**3,297**	**2,956**	**3,147**	**5.7**	**5.2**	**5.5**
289		Plx1	363	278	641	3,166	2,647	2,941	5.6	4.8	5.3
289		**Plx2**	**82**	**74**	**156**	**3,050**	**3,698**	**3,358**	**5.2**	**6.1**	**5.6**
289		Plx3	35	23	58	5,056	5,385	5,186	9.0	8.7	8.8
289		**Plx4**	**11**	**13**	**24**	**19,232**	**11,781**	**15,196**	**19.2**	**17.7**	**18.4**
290	G.I. Obstruction		960	738	1,698	2,731	2,542	2,649	4.5	4.3	4.4
290		**Plx1**	**811**	**652**	**1,463**	**2,354**	**2,309**	**2,334**	**3.9**	**3.9**	**3.9**
290		Plx2	88	53	141	4,355	3,591	4,068	7.4	6.2	6.9
290		**Plx3**	**32**	**24**	**56**	**5,568**	**6,882**	**6,131**	**8.6**	**10.0**	**9.2**
290		Plx4	24	13	37	10,414	9,868	10,222	14.0	13.8	13.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,804	3,547	7,351	2,177	2,007	2,095	3.4	3.3	3.3
294		Ptx1	3,252	2,964	6,216	1,996	1,840	1,922	3.1	3.1	3.1
294		Ptx2	389	419	808	3,331	3,040	3,180	5.3	4.8	5.0
294		Ptx3	182	190	372	4,519	4,105	4,308	6.6	6.1	6.3
294		Ptx4	84	74	158	10,047	9,990	10,021	12.8	13.9	13.3
297	Other G.I. Diagnoses		825	575	1,400	2,811	2,625	2,735	4.0	3.7	3.9
297		Ptx1	619	434	1,053	2,471	2,296	2,399	3.7	3.4	3.5
297		Ptx2	135	106	241	3,291	3,587	3,421	4.6	4.9	4.8
297		Ptx3	50	34	84	6,730	7,395	6,999	9.5	9.4	9.5
297		Ptx4	59	20	79	14,765	12,032	14,073	13.6	11.7	13.1
310	PWS - Liver Transplant		41	48	89	56,457	54,687	55,503	23.2	20.4	21.7
310		Ptx1	3	8	11	29,388	31,537	30,951	13.3	12.0	12.4
310		Ptx2	3	2	5	38,066	30,391	34,996	14.0	11.5	13.0
310		Ptx3	5	8	13	33,574	38,665	36,707	13.8	15.6	14.9
310		Ptx4	32	31	63	77,834	67,960	72,976	32.1	26.6	29.4
311	Major Pancreatic Procedures		172	126	298	22,327	19,163	20,989	17.6	17.7	17.6
311		Ptx1	63	62	125	13,198	14,299	13,744	11.5	14.0	12.7
311		Ptx2	35	20	55	15,971	16,080	16,010	13.5	14.9	14.0
311		Ptx3	30	22	52	16,612	21,119	18,519	16.0	18.8	17.2
311		Ptx4	50	25	75	50,316	52,993	51,208	37.9	43.7	39.8
312	Major Hepatobiliary Procedures		103	118	221	11,739	13,015	12,420	8.9	9.4	9.2
312		Ptx1	60	75	135	10,296	11,548	10,992	7.5	8.5	8.0
312		Ptx2	16	11	27	11,217	13,947	12,329	9.9	10.0	10.0
312		Ptx3	15	17	32	13,977	12,846	13,376	10.1	7.3	8.6
312		Ptx4	16	18	34	29,904	36,972	33,646	20.1	24.2	22.3
313	Common Duct Exploration		64	45	109	10,318	9,821	10,113	9.5	9.8	9.6
313		Ptx1	37	20	57	6,815	8,148	7,283	6.6	9.3	7.5
313		Ptx2	12	12	24	10,914	9,034	9,974	11.4	8.8	10.1
313		Ptx3	10	4	14	18,599	7,279	15,365	17.3	7.0	14.4
313		Ptx4	8	8	16	25,825	15,411	20,618	19.9	12.4	16.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
314	**Other Hepatobiliary And Pancreatic Procedures**		**104**	**86**	**190**	**10,406**	**9,820**	**10,141**	**9.9**	**10.3**	**10.1**
314		Plx1	52	50	102	6,214	7,215	6,705	6.3	7.6	7.0
314		**Plx2**	**16**	**6**	**22**	**10,351**	**8,405**	**9,820**	**11.8**	**9.5**	**11.2**
314		Plx3	11	18	29	9,785	12,675	11,579	11.9	15.1	13.9
314		**Plx4**	**28**	**13**	**41**	**21,993**	**18,058**	**20,745**	**18.8**	**16.3**	**18.0**
315	Cholecystectomy		196	170	366	7,893	7,799	7,849	7.4	7.7	7.5
315		**Plx1**	**123**	**118**	**241**	**6,202**	**6,393**	**6,295**	**5.9**	**6.5**	**6.2**
315		Plx2	29	19	48	7,781	8,993	8,261	7.3	9.5	8.2
315		**Plx3**	**27**	**16**	**43**	**9,655**	**11,682**	**10,409**	**10.1**	**11.2**	**10.5**
315		Plx4	21	21	42	22,984	13,751	18,368	18.3	13.8	16.0
317	**Laparoscopic Cholecystectomy**		**1,299**	**1,198**	**2,497**	**3,152**	**2,962**	**3,061**	**2.7**	**2.4**	**2.6**
317		Plx1	1,141	1,127	2,268	3,009	2,865	2,937	2.5	2.2	2.4
317		**Plx2**	**134**	**76**	**210**	**4,344**	**5,068**	**4,606**	**4.8**	**5.2**	**4.9**
317		Plx3	52	20	72	6,697	7,078	6,803	8.0	8.5	8.2
317		**Plx4**	**22**	**16**	**38**	**8,995**	**17,885**	**12,738**	**10.0**	**14.2**	**11.8**
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		72	51	123	11,576	12,177	11,825	10.5	11.7	11.0
320		**Plx1**	**36**	**24**	**60**	**7,645**	**6,505**	**7,189**	**8.2**	**7.8**	**8.0**
320		Plx2	10	10	20	7,296	10,948	9,122	7.0	11.1	9.1
320		**Plx3**	**9**	**7**	**16**	**11,472**	**14,825**	**12,939**	**12.2**	**14.1**	**13.1**
320		Plx4	20	9	29	37,980	25,922	34,238	22.4	19.1	21.3
323	**Cirrhosis And Alcoholic Hepatitis**		**295**	**224**	**519**	**7,683**	**6,293**	**7,083**	**8.9**	**8.5**	**8.8**
323		Plx1	74	57	131	3,384	2,844	3,149	5.9	4.7	5.4
323		**Plx2**	**71**	**44**	**115**	**4,480**	**5,141**	**4,733**	**7.3**	**8.0**	**7.6**
323		Plx3	47	49	96	6,510	6,712	6,613	9.9	10.0	9.9
323		**Plx4**	**113**	**80**	**193**	**16,050**	**12,272**	**14,484**	**14.1**	**13.5**	**13.8**
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		316	223	539	6,109	5,677	5,930	9.2	9.4	9.3
324		**Plx1**	**137**	**102**	**239**	**4,874**	**4,657**	**4,781**	**7.5**	**8.2**	**7.8**
324		Plx2	68	58	126	5,652	4,749	5,236	8.4	8.7	8.5
324		**Plx3**	**64**	**36**	**100**	**6,973**	**8,160**	**7,401**	**11.0**	**11.9**	**11.3**
324		Plx4	45	27	72	9,091	8,833	8,994	12.2	12.3	12.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
325	**Pancreas Diseases Except Malignancy**		**894**	**611**	**1,505**	**3,046**	**2,920**	**2,995**	**5.1**	**5.0**	**5.1**
325		Pix1	618	424	1,042	2,454	2,384	2,426	4.4	4.3	4.3
325		**Pix2**	**178**	**126**	**304**	**3,498**	**3,855**	**3,646**	**6.2**	**6.7**	**6.4**
325		Pix3	66	51	117	5,795	6,326	6,027	9.2	9.1	9.2
325		**Pix4**	**58**	**40**	**98**	**14,970**	**19,352**	**16,759**	**14.7**	**18.2**	**16.2**
326	Liver Diseases Except Cirrhosis Or Cancer		302	252	554	5,273	6,936	6,029	6.4	7.6	7.0
326		**Pix1**	**154**	**111**	**265**	**3,118**	**3,502**	**3,279**	**4.8**	**5.4**	**5.1**
326		Pix2	47	47	94	4,557	4,377	4,467	6.1	6.3	6.2
326		**Pix3**	**50**	**32**	**82**	**5,530**	**6,454**	**5,890**	**8.4**	**10.4**	**9.2**
326		Pix4	55	66	121	13,901	19,015	16,690	11.6	13.0	12.4
329	**Biliary Tract Diseases**		**480**	**374**	**854**	**2,728**	**2,796**	**2,758**	**4.0**	**4.2**	**4.1**
329		Pix1	333	268	601	2,228	2,273	2,248	3.3	3.5	3.4
329		**Pix2**	**62**	**43**	**105**	**3,643**	**4,042**	**3,807**	**5.7**	**5.4**	**5.6**
329		Pix3	59	42	101	3,792	4,106	3,923	5.3	6.3	5.7
329		**Pix4**	**32**	**24**	**56**	**8,370**	**6,736**	**7,670**	**10.9**	**9.7**	**10.4**
350	Multiple Or Bilateral Joint Replacement		41	23	64	14,748	15,616	15,060	10.2	12.3	11.0
350		**Pix1**	**20**	**9**	**29**	**12,309**	**12,868**	**12,483**	**8.4**	**8.3**	**8.3**
350		Pix2	12	4	16	15,054	14,828	14,998	8.3	10.5	8.8
350		**Pix3**	**3**	**7**	**10**	**24,553**	**17,167**	**19,383**	**18.7**	**14.9**	**16.0**
350		Pix4	8	3	11	31,490	27,792	30,481	39.0	30.3	36.6
351	**Joint Replacement For Trauma**		**586**	**416**	**1,002**	**11,097**	**9,910**	**10,604**	**11.3**	**10.9**	**11.1**
351		Pix1	330	282	612	9,045	8,386	8,741	9.2	8.9	9.1
351		**Pix2**	**110**	**59**	**169**	**12,182**	**12,002**	**12,119**	**12.9**	**14.7**	**13.5**
351		Pix3	66	46	112	14,736	15,304	14,969	16.3	20.6	18.1
351		**Pix4**	**95**	**48**	**143**	**20,247**	**22,262**	**20,923**	**20.5**	**29.7**	**23.6**
352	Hip Replacement		1,239	1,073	2,312	9,518	9,273	9,404	6.5	6.6	6.6
352		**Pix1**	**927**	**801**	**1,728**	**9,201**	**9,032**	**9,122**	**6.4**	**6.5**	**6.4**
352		Pix2	268	215	483	10,542	9,650	10,145	7.1	7.2	7.2
352		**Pix3**	**58**	**67**	**125**	**11,783**	**12,432**	**12,131**	**9.6**	**9.8**	**9.7**
352		Pix4	34	36	70	15,943	16,616	16,289	14.1	14.4	14.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
354	Knee Replacement		1,676	1,173	2,849	8,018	8,511	8,221	6.2	6.5	6.3
354		Pix1	1,325	917	2,242	7,648	8,270	7,903	5.9	6.3	6.1
354		Pix2	243	186	429	9,294	9,322	9,306	7.3	7.2	7.2
354		Pix3	75	66	141	9,779	10,287	10,017	8.2	9.0	8.6
354		Pix4	50	29	79	12,944	11,731	12,499	10.5	10.3	10.4
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		29	24	53	11,275	12,508	11,833	10.9	12.8	11.7
355		Pix1	15	10	25	6,222	7,775	6,843	6.5	6.6	6.5
355		Pix2	5	5	10	9,851	14,796	12,323	11.4	14.6	13.0
355		Pix3	4	2	6	13,063	25,997	17,374	17.5	19.5	18.2
355		Pix4	8	8	16	45,457	38,343	41,900	34.1	39.9	37.0
356	Repair Hip And Femur Procedures		128	133	261	8,597	8,764	8,682	7.1	7.0	7.0
356		Pix1	84	83	167	6,071	7,032	6,549	4.3	5.2	4.7
356		Pix2	26	35	61	12,914	10,119	11,310	12.6	8.8	10.4
356		Pix3	15	10	25	16,278	15,799	16,087	18.5	16.4	17.6
356		Pix4	8	7	15	18,931	21,871	20,303	21.4	26.1	23.6
358	Lower Extremity Procedures With Infection		98	100	198	7,343	8,066	7,710	7.2	7.8	7.5
358		Pix1	71	80	151	6,072	6,736	6,424	6.2	6.3	6.2
358		Pix2	16	11	27	8,051	8,871	8,385	7.4	8.5	7.9
358		Pix3	4	3	7	12,538	14,204	13,252	12.8	17.3	14.7
358		Pix4	15	6	21	41,406	22,768	36,081	34.9	24.2	31.8
359	Upper Extremity Procedures With Infection		28	21	49	4,866	8,011	6,214	4.7	5.7	5.1
359		Pix1	24	18	42	4,442	6,087	5,147	4.1	5.0	4.5
359		Pix2	1	1	4	6,173	24,798	9,997	7.0	11.0	9.0
359		Pix3		2	3		16,931	13,011		9.5	9.5
359		Pix4	5		5	24,906		24,906	19.8		19.8
360	Upper Extremity Amputations And Revisions		42	26	68	6,946	7,008	6,970	9.1	7.2	8.4
360		Pix1	23	17	40	4,605	4,386	4,512	5.7	4.5	5.2
360		Pix2	12	6	18	8,995	7,541	8,511	12.3	7.2	10.6
360		Pix3	3	1	5	5,168	24,253	8,948	6.0	15.0	8.3
360		Pix4	7	3	10	25,620	32,385	27,649	29.4	40.7	32.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
361	Musculoskeletal Biopsy For Malignancy		29	25	54	10,451	15,166	12,634	11.1	14.6	12.7
361		Plx1	19	16	35	6,023	6,773	6,366	6.4	7.4	6.8
361		Plx2	4	4	8	16,256	21,899	19,078	24.5	23.3	23.9
361		Plx3	3	1	5	20,011	33,147	21,087	11.0	17.0	12.5
361		Plx4	3	3	6	24,109	42,442	33,276	35.7	33.3	34.5
362	Musculoskeletal Biopsy Without Malignancy		49	38	87	12,283	14,945	13,446	17.3	16.5	17.0
362		Plx1	28	24	52	8,046	6,393	7,283	11.6	8.9	10.4
362		Plx2	11	2	13	12,289	13,774	12,518	19.1	17.0	18.8
362		Plx3	3	2	5	17,670	22,338	19,537	25.0	30.5	27.2
362		Plx4	7	7	14	45,547	37,858	41,703	42.3	24.4	33.4
363	Back And Neck Procedures With Fusion		620	478	1,098	9,824	10,283	10,024	5.4	5.7	5.5
363		Plx1	469	347	816	8,474	8,658	8,552	4.6	4.8	4.7
363		Plx2	100	79	179	13,847	12,953	13,452	7.6	7.4	7.5
363		Plx3	42	32	74	15,068	17,228	16,002	9.1	10.7	9.8
363		Plx4	27	37	64	37,461	32,786	34,758	23.9	19.5	21.4
365	Back And Neck Procedures Without Fusion		1,143	791	1,934	3,962	4,433	4,155	2.7	3.1	2.9
365		Plx1	1,082	730	1,812	3,855	4,289	4,030	2.6	2.9	2.8
365		Plx2	54	57	111	6,999	7,678	7,348	6.2	7.1	6.7
365		Plx3	20	25	45	7,058	8,944	8,106	6.8	8.3	7.6
365		Plx4	8	8	16	13,134	14,909	14,021	11.4	17.5	14.4
367	Shoulder Arthroplasty		83	67	150	6,690	7,103	6,874	3.3	4.0	3.6
367		Plx1	79	62	141	6,578	7,014	6,769	3.2	4.1	3.6
367		Plx2	4	2	6	8,913	7,422	8,416	4.3	2.5	3.7
367		Plx3		1	2		9,274	7,940		4.0	4.0
367		Plx4		2	2		8,451	8,451		3.5	3.5
368	Major Hip And Knee Procedures		64	40	104	5,623	5,821	5,699	4.1	3.6	3.9
368		Plx1	50	34	84	4,801	5,198	4,962	3.2	3.2	3.2
368		Plx2	7	5	12	7,850	8,302	8,038	5.7	6.0	5.8
368		Plx3	1	1	5	16,499	14,586	11,557	21.0	7.0	14.0
368		Plx4	3		3	7,245		7,245	7.3		7.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
369	**Major Lower Extremity Procedures**		**362**	**283**	**645**	**4,851**	**4,669**	**4,771**	**3.1**	**3.0**	**3.1**
369		Plx1	340	268	608	4,668	4,465	4,579	3.0	3.0	3.0
369		**Plx2**	**18**	**12**	**30**	**8,684**	**8,679**	**8,682**	**6.5**	**4.9**	**5.9**
369		Plx3	9	4	13	7,798	9,502	8,322	6.1	5.0	5.8
369		**Plx4**	**4**	**1**	**5**	**22,479**	**30,208**	**24,025**	**18.5**	**40.0**	**22.8**
372	Major Upper Extremity Procedures		128	139	267	3,620	3,671	3,647	1.7	1.8	1.8
372		**Plx1**	**126**	**138**	**264**	**3,569**	**3,671**	**3,622**	**1.7**	**1.8**	**1.8**
372		Plx2	2	7	9	9,567	8,525	8,757	7.0	10.0	9.3
372		**Plx3**	**2**	**1**	**5**	**11,773**	**9,960**	**11,457**	**4.0**	**9.0**	**5.7**
372		Plx4	1	1	5	37,980	112,242	62,359	99.0	209.0	154.0
374	**Minor Lower Extremity Procedures**		**367**	**420**	**787**	**3,209**	**3,126**	**3,164**	**1.8**	**1.7**	**1.7**
374		Plx1	358	412	770	3,186	3,083	3,131	1.8	1.7	1.7
374		**Plx2**	**17**	**10**	**27**	**5,955**	**5,506**	**5,789**	**4.4**	**3.6**	**4.1**
374		Plx3	3	2	5	7,939	6,565	7,390	7.0	7.0	7.0
374		**Plx4**	**2**		**2**	**46,041**		**46,041**	**32.5**		**32.5**
375	Minor Upper Extremity Procedures		624	390	1,014	2,735	2,550	2,664	1.3	1.5	1.4
375		**Plx1**	**616**	**385**	**1,001**	**2,722**	**2,541**	**2,652**	**1.3**	**1.5**	**1.4**
375		Plx2	7	5	12	3,512	3,203	3,383	2.3	2.6	2.4
375		**Plx3**		**1**	**5**		**4,055**	**3,126**		**6.0**	**6.0**
375		Plx4	2	1	5	6,193	4,386	5,172	4.5	2.0	3.7
376	**Miscellaneous Musculoskeletal Procedures**		**136**	**95**	**231**	**6,827**	**7,397**	**7,061**	**2.9**	**3.3**	**3.1**
376		Plx1	119	79	198	5,921	6,067	5,979	2.7	2.8	2.8
376		**Plx2**	**13**	**6**	**19**	**11,499**	**10,897**	**11,309**	**4.2**	**4.7**	**4.3**
376		Plx3	2	4	6	20,373	18,511	19,131	6.5	5.5	5.8
376		**Plx4**	**2**	**6**	**8**	**16,799**	**17,680**	**17,460**	**6.0**	**7.3**	**7.0**
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		243	231	474	7,902	7,622	7,765	7.4	6.5	7.0
377		**Plx1**	**176**	**166**	**342**	**6,175**	**5,318**	**5,759**	**5.4**	**4.5**	**5.0**
377		Plx2	33	37	70	10,582	10,513	10,545	10.7	10.2	10.4
377		**Plx3**	**22**	**18**	**40**	**13,373**	**14,277**	**13,779**	**14.1**	**15.4**	**14.7**
377		Plx4	21	12	33	32,089	38,241	34,326	32.9	24.4	29.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
378	Soft Tissue Procedures (MNRH)		115	97	212	3,798	3,531	3,676	2.3	2.2	2.2
378		Plx1	110	87	197	3,675	3,380	3,545	2.2	2.0	2.1
378		Plx2	7	9	16	7,096	4,863	5,840	6.7	3.7	5.0
378		Plx3			3			14,946			
378		Plx4		2	3		19,439	14,630		8.5	8.5
379	Other Musculoskeletal Procedures (MNRH)		396	336	732	2,520	2,660	2,584	1.7	1.7	1.7
379		Plx1	386	328	714	2,482	2,619	2,545	1.7	1.6	1.7
379		Plx2	11	11	22	4,166	5,358	4,762	3.5	3.7	3.6
379		Plx3	4		5	7,846		6,925	6.3		6.3
379		Plx4	2	2	5	21,985	15,055	16,027	19.5	11.0	15.3
380	Other Lower Extremity Procedures (MNRH)		302	224	526	2,130	2,514	2,293	1.5	1.6	1.5
380		Plx1	295	219	514	2,114	2,481	2,271	1.5	1.6	1.5
380		Plx2	4	4	8	3,616	3,762	3,689	2.3	2.5	2.4
380		Plx3	3	1	5	4,573	4,635	5,671	5.7	1.0	4.5
380		Plx4	1		1	1,978		1,978	2.0		2.0
381	Hand And Wrist Procedures (MNRH)		57	61	118	2,558	2,489	2,523	1.0	1.0	1.0
381		Plx1	57	61	118	2,558	2,489	2,523	1.0	1.0	1.0
381		Plx2	1	1	5	3,149	6,048	4,231	2.0	4.0	3.0
381		Plx3									
381		Plx4									
382	Arthroscopy (MNRH)		8	7	15	1,976	4,060	2,949	1.8	4.7	3.1
382		Plx1	7	4	11	1,500	1,712	1,577	1.0	1.3	1.1
382		Plx2			2			9,521			
382		Plx3									
382		Plx4		2	2		19,456	19,456		19.0	19.0
383	PWS - Joint Replacement For Malignancy		20	11	31	18,175	10,952	15,612	13.6	8.7	11.8
383		Plx1	7	6	13	15,722	8,546	12,410	11.3	7.0	9.3
383		Plx2	9	3	12	17,068	12,779	15,996	13.2	10.3	12.5
383		Plx3	1	2	5	31,770	15,430	18,186	15.0	11.5	12.7
383		Plx4	3	1	5	30,446	29,157	28,596	27.7	48.0	32.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
384	PWS - Back And Neck Procedures For Malignancy		28	26	54	19,832	26,856	23,214	14.7	20.5	17.5
384		Pix1	10	6	16	15,448	12,122	14,201	12.6	7.8	10.8
384		Pix2	9	5	14	18,262	21,941	19,576	12.1	18.4	14.4
384		Pix3	3	4	7	17,890	27,225	23,224	13.0	16.0	14.7
384		Pix4	6	11	17	30,463	36,993	34,688	22.8	30.1	27.5
385	PWS - Major Orthopaedic Oncology Procedures		22	24	46	7,158	9,292	8,272	4.5	5.7	5.2
385		Pix1	19	20	39	7,024	7,218	7,124	4.5	4.5	4.5
385		Pix2	4	3	7	12,359	13,107	12,680	10.3	9.0	9.7
385		Pix3			2			12,978			
385		Pix4	2	4	6	76,732	61,490	66,571	43.5	26.3	32.0
386	Other Orthopaedic Oncology Procedures		30	29	59	6,548	7,480	7,006	4.1	5.3	4.7
386		Pix1	28	19	47	5,984	5,551	5,809	3.8	3.8	3.8
386		Pix2	2	6	8	14,452	8,623	10,080	9.0	8.0	8.3
386		Pix3		4	5		14,929	15,058		8.8	8.8
386		Pix4									
391	Secondary Neoplasms And Pathological Fractures		333	216	549	9,104	8,578	8,897	13.6	13.3	13.5
391		Pix1	184	124	308	6,289	5,658	6,035	10.8	10.6	10.8
391		Pix2	72	43	115	10,179	8,555	9,572	16.1	14.5	15.5
391		Pix3	45	26	71	13,646	12,611	13,267	19.9	21.9	20.6
391		Pix4	39	28	67	20,060	21,678	20,736	24.3	23.6	24.0
392	Osteomyelitis		66	55	121	7,277	7,043	7,171	9.9	7.7	8.9
392		Pix1	39	31	70	5,323	6,054	5,647	7.6	6.7	7.2
392		Pix2	9	8	17	9,192	7,654	8,468	12.2	8.8	10.6
392		Pix3	13	9	22	8,508	9,144	8,768	10.9	9.4	10.3
392		Pix4	7	7	14	20,412	8,027	14,219	31.3	8.4	19.9
393	Rheumatoid Arthritis		81	61	142	7,043	7,726	7,336	8.9	9.3	9.1
393		Pix1	51	35	86	5,511	3,928	4,867	7.2	6.2	6.8
393		Pix2	12	9	21	8,616	6,682	7,787	13.6	11.7	12.8
393		Pix3	11	7	18	11,768	7,517	10,115	17.3	11.1	14.9
393		Pix4	10	12	22	21,557	33,835	28,254	23.1	25.5	24.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
394	Septic Arthritis		38	21	59	4,119	3,681	3,963	6.7	6.0	6.4
394		Pts1	27	14	41	3,175	2,449	2,927	5.3	4.6	5.1
394		Pts2	4	1	5	11,658	11,286	11,583	15.0	18.0	15.6
394		Pts3	3	4	7	3,870	6,373	5,300	4.0	10.3	7.6
394		Pts4	7	5	12	20,723	25,019	22,513	37.7	33.6	36.0
397	Non-Inflammatory Arthritis		66	60	126	6,202	6,119	6,163	10.0	10.4	10.2
397		Pts1	43	39	82	4,460	4,122	4,299	8.2	6.9	7.6
397		Pts2	16	9	25	7,521	8,508	7,876	9.4	8.7	9.2
397		Pts3	2	6	8	6,895	13,557	11,892	7.0	26.7	21.8
397		Pts4	1	5	6	30,182	19,480	21,264	24.0	40.8	38.0
398	Other Inflammatory Arthritis		287	218	505	4,289	4,009	4,169	6.1	5.4	5.8
398		Pts1	198	147	345	2,951	2,519	2,767	4.6	4.0	4.4
398		Pts2	30	28	58	4,870	5,013	4,939	8.1	9.2	8.6
398		Pts3	33	28	61	5,892	5,156	5,554	8.8	6.9	7.9
398		Pts4	32	18	50	19,466	20,750	19,929	17.7	14.8	16.7
399	Orthopaedic Aftercare		196	119	315	4,998	3,657	4,491	7.5	5.3	6.7
399		Pts1	147	97	244	3,538	2,818	3,252	5.4	4.1	4.9
399		Pts2	22	14	36	8,845	7,507	8,325	13.7	10.0	12.3
399		Pts3	11	4	15	6,663	7,652	6,927	9.8	15.0	11.2
399		Pts4	18	6	24	16,079	12,247	15,121	21.9	19.3	21.3
401	Other Musculoskeletal Malignancies		25	20	45	7,656	6,058	6,946	8.7	5.8	7.4
401		Pts1	15	10	25	6,409	3,844	5,383	6.1	4.5	5.4
401		Pts2	6	2	8	9,687	4,940	8,500	14.8	5.0	12.4
401		Pts3	3	5	8	8,582	5,064	6,384	10.7	4.0	6.5
401		Pts4	2	3	5	18,277	15,839	16,814	16.0	13.3	14.4
402	Disc Disease		274	230	504	3,948	3,517	3,751	7.4	7.1	7.2
402		Pts1	232	195	427	3,495	2,903	3,225	6.7	6.0	6.4
402		Pts2	25	23	48	5,634	7,436	6,498	9.8	14.8	12.2
402		Pts3	9	10	19	6,510	12,257	9,535	11.2	23.4	17.6
402		Pts4	14	7	21	22,584	13,892	19,687	33.6	23.3	30.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
404	Other Musculoskeletal Infections		1	4	5	493	3,146	2,616	2.0	2.5	2.4
404		Pix1	1	4	5	493	3,146	2,616	2.0	2.5	2.4
404		Pix2									
404		Pix3									
404		Pix4									
407	Other Musculoskeletal Disorders		26	38	64	3,182	3,494	3,367	3.6	3.8	3.7
407		Pix1	25	28	53	3,179	2,235	2,680	3.6	2.9	3.2
407		Pix2	2	6	8	4,195	5,688	5,315	10.0	6.8	7.6
407		Pix3		1	3		3,785	6,607		3.0	3.0
407		Pix4		2	3		8,786	8,248		2.5	2.5
409	Back Pain (MNRH)		207	211	418	2,375	2,280	2,327	4.3	4.4	4.3
409		Pix1	189	191	380	2,189	2,098	2,143	4.1	4.1	4.1
409		Pix2	16	17	33	5,985	4,873	5,412	10.9	9.2	10.0
409		Pix3	9	5	14	6,725	11,108	8,291	12.2	11.8	12.1
409		Pix4	3	6	9	11,194	15,336	13,955	18.0	22.7	21.1
411	Signs, Symptoms And Deformities (MNRH)		194	160	354	2,867	2,562	2,729	4.3	4.1	4.2
411		Pix1	160	141	301	2,604	2,479	2,546	3.7	4.0	3.9
411		Pix2	19	15	34	4,330	4,997	4,624	7.3	8.9	8.0
411		Pix3	13	6	19	3,742	3,819	3,767	6.5	4.5	5.8
411		Pix4	2	4	6	4,274	9,065	7,468	5.5	15.3	12.0
413	Joint Derangements (MNRH)		32	31	63	2,292	2,161	2,227	3.8	3.7	3.7
413		Pix1	30	25	55	2,105	1,939	2,030	3.6	3.0	3.3
413		Pix2	2	2	5	5,764	2,418	3,413	10.0	6.5	8.3
413		Pix3		3	5		2,064	1,555		4.7	4.7
413		Pix4									
414	Sprains Strains And Minor Injuries (MNRH)		57	53	110	2,519	2,117	2,325	4.1	3.7	3.9
414		Pix1	52	50	102	2,318	2,058	2,191	3.7	3.6	3.7
414		Pix2	2	1	5	1,407	4,375	2,484	3.0	8.0	4.7
414		Pix3	1	2	5	3,117	2,440	3,717	6.0	3.5	4.3
414		Pix4	2		2	12,574		12,574	15.5		15.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		194	148	342	5,668	6,111	5,860	3.8	4.7	4.2
425		Plx1	168	126	294	4,526	4,893	4,683	3.2	4.0	3.5
425		Plx2	13	14	27	9,974	13,046	11,567	7.6	8.3	8.0
425		Plx3	11	6	17	15,330	14,495	15,036	7.1	10.2	8.2
425		Plx4	3	6	9	24,663	38,232	33,709	20.3	33.5	29.1
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		158	146	304	16,359	18,306	17,294	21.0	23.4	22.2
427		Plx1	94	87	181	10,732	11,655	11,176	14.9	16.1	15.5
427		Plx2	19	18	37	18,365	21,044	19,668	25.5	29.1	27.2
427		Plx3	18	21	39	24,018	19,234	21,442	29.5	24.0	26.6
427		Plx4	33	24	57	44,584	56,714	49,692	48.4	68.8	56.9
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		483	388	871	3,037	2,891	2,972	1.2	1.2	1.2
428		Plx1	475	379	854	3,007	2,837	2,931	1.2	1.2	1.2
428		Plx2	14	15	29	10,435	9,750	10,081	5.2	4.8	5.0
428		Plx3	5	5	10	10,155	12,334	11,245	4.6	6.0	5.3
428		Plx4	1	3	5	25,289	16,657	17,424	13.0	8.3	9.5
429	Total Mastectomy For Breast Malignancy		725	379	1,104	3,268	3,525	3,356	1.9	2.3	2.0
429		Plx1	669	338	1,007	2,820	2,948	2,863	1.6	2.0	1.7
429		Plx2	27	19	46	9,743	7,688	8,894	5.6	4.6	5.2
429		Plx3	9	5	14	6,699	14,708	9,560	4.0	8.0	5.4
429		Plx4	2	2	5	17,532	11,568	12,384	7.5	5.5	6.5
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		566	357	923	2,626	2,786	2,688	1.4	1.6	1.5
432		Plx1	555	352	907	2,601	2,767	2,666	1.4	1.6	1.5
432		Plx2	11	4	15	3,823	4,779	4,078	2.4	3.5	2.7
432		Plx3	1	2	5	5,258	5,188	4,643	4.0	5.0	4.7
432		Plx4	1	2	5	11,261	7,089	15,394	5.0	6.5	6.0
434	Breast Biopsy And Local Excision Without Malignancy		20	13	33	1,600	1,575	1,590	1.0	1.0	1.0
434		Plx1	20	13	33	1,600	1,575	1,590	1.0	1.0	1.0
434		Plx2	1	1	5	4,312	4,736	2,836	2.0	9.0	5.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
434		Plx3									
434		Plx4									
435	Perianal And Pilonidal Cyst Procedures		27	21	48	1,581	1,747	1,654	1.3	1.8	1.5
435		Plx1	27	21	48	1,581	1,747	1,654	1.3	1.8	1.5
435		Plx2									
435		Plx3			1			2,309			
435		Plx4									
436	Plastic Surgery		39	23	62	3,626	3,018	3,401	1.8	1.7	1.8
436		Plx1	36	23	59	3,451	3,018	3,283	1.7	1.7	1.7
436		Plx2	3		5	5,725		4,895	4.0		4.0
436		Plx3									
436		Plx4									
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		63	40	103	2,494	2,416	2,464	1.3	1.5	1.4
437		Plx1	60	37	97	2,404	2,276	2,355	1.3	1.4	1.3
437		Plx2	3	3	6	4,288	4,136	4,212	2.3	2.3	2.3
437		Plx3	2	1	4	7,364	5,392	7,689	9.5	6.0	8.3
437		Plx4									
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		70	62	132	4,056	4,174	4,112	3.8	4.5	4.2
438		Plx1	62	55	117	3,446	4,068	3,738	3.4	4.1	3.7
438		Plx2	3	6	9	10,273	7,615	8,501	15.7	11.7	13.0
438		Plx3	6	2	8	7,604	5,861	7,168	10.2	11.0	10.4
438		Plx4	2	1	5	15,565	2,922	12,192	6.5	4.0	5.7
439	Skin Ulcer		54	37	91	9,459	6,403	8,216	15.6	12.7	14.5
439		Plx1	22	18	40	6,135	5,495	5,847	9.9	12.2	11.0
439		Plx2	8	7	15	8,670	7,076	7,926	15.3	12.3	13.9
439		Plx3	14	10	24	10,547	7,268	9,180	18.8	13.5	16.6
439		Plx4	13	2	15	18,739	7,899	17,294	37.4	14.5	34.3
440	Major Skin Disorders		50	49	99	5,893	4,359	5,134	6.9	6.2	6.5
440		Plx1	37	30	67	4,980	3,143	4,157	6.1	4.9	5.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
440		Ptx2	5	11	16	6,400	4,543	5,123	8.6	8.0	8.2
440		Ptx3	7	4	11	8,044	4,739	6,842	9.6	7.5	8.8
440		Ptx4	1	3	5	22,095	5,263	8,979	8.0	5.0	5.8
443	Malignant Breast Disorders		16	16	32	6,413	7,476	6,944	9.6	8.8	9.2
443		Ptx1	7	5	12	5,202	7,498	6,159	8.0	10.0	8.8
443		Ptx2	4	6	10	6,372	4,153	5,041	10.8	6.2	8.0
443		Ptx3	5	3	8	8,140	18,339	11,964	11.0	22.7	15.4
443		Ptx4		4	5		16,320	13,827		19.5	19.5
446	Non-Malignant Breast Disorders		20	15	35	2,034	2,004	2,021	2.9	3.0	2.9
446		Ptx1	20	15	35	2,034	2,004	2,021	2.9	3.0	2.9
446		Ptx2									
446		Ptx3									
446		Ptx4	1		1	14,325		14,325	18.0		18.0
447	Cellulitis		656	588	1,244	3,364	3,184	3,279	5.6	5.2	5.4
447		Ptx1	482	441	923	2,875	2,741	2,811	4.9	4.5	4.7
447		Ptx2	98	84	182	4,721	4,801	4,758	8.0	7.8	7.9
447		Ptx3	61	53	114	5,684	5,724	5,702	8.7	9.9	9.3
447		Ptx4	37	38	75	10,317	10,347	10,332	15.5	15.7	15.6
452	Trauma Of Skin, Subcutaneous Tissue And Breast		40	42	82	1,670	2,533	2,112	2.0	2.5	2.3
452		Ptx1	36	37	73	1,584	2,290	1,942	1.7	2.1	1.9
452		Ptx2	1		5	3,841		3,221	7.0		7.0
452		Ptx3	1	2	5	412	5,133	3,182	1.0	5.5	4.0
452		Ptx4	1		2	21,857		14,971	15.0		15.0
454	Minor Skin Disorders		116	79	195	2,241	1,976	2,134	3.5	3.0	3.3
454		Ptx1	91	67	158	2,028	1,815	1,938	3.1	2.9	3.0
454		Ptx2	15	5	20	3,603	1,771	3,145	6.1	2.8	5.3
454		Ptx3	11	4	15	3,194	2,596	3,035	5.6	3.8	5.1
454		Ptx4	4	3	7	12,734	5,069	9,449	17.5	6.3	12.7
476	PWS - Adrenal And Pituitary Procedures		114	91	205	9,370	8,924	9,172	5.3	5.4	5.4
476		Ptx1	81	66	147	7,703	7,687	7,696	4.1	4.3	4.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
476		Ptx2	12	7	19	11,731	11,493	11,643	6.4	6.0	6.3
476		Ptx3	10	12	22	16,423	13,415	14,782	11.2	9.6	10.3
476		Ptx4	12	3	15	31,820	14,365	28,329	18.2	15.0	17.5
477	Parathyroid Procedures		110	37	147	4,060	4,029	4,052	2.2	2.4	2.3
477		Ptx1	99	30	129	3,880	3,542	3,802	2.1	2.1	2.1
477		Ptx2	5	3	8	5,985	6,310	6,106	3.8	3.3	3.6
477		Ptx3	8	5	13	7,613	9,550	8,358	4.9	7.2	5.8
477		Ptx4	4	2	6	12,779	16,927	14,161	11.0	14.0	12.0
478	Obesity Procedures		49	35	84	4,055	3,258	3,723	3.0	1.9	2.5
478		Ptx1	45	34	79	3,952	3,209	3,632	2.9	1.7	2.4
478		Ptx2	3	1	5	4,767	4,942	5,250	4.7	7.0	5.3
478		Ptx3			3			5,040			
478		Ptx4	3	1	5	11,567	21,163	24,023	14.7	19.0	15.8
479	Thyroid Procedures		447	277	724	3,411	3,276	3,359	1.6	1.7	1.6
479		Ptx1	423	263	686	3,290	3,187	3,251	1.5	1.6	1.6
479		Ptx2	5	4	9	5,657	4,328	5,066	2.6	2.5	2.6
479		Ptx3	20	13	33	5,666	5,432	5,574	3.2	3.2	3.2
479		Ptx4	9	3	12	24,641	20,424	23,587	13.3	11.3	12.8
480	Thyroglossal Procedures		28	15	43	2,319	2,492	2,379	1.2	1.2	1.2
480		Ptx1	27	15	42	2,291	2,492	2,363	1.2	1.2	1.2
480		Ptx2	1		1	3,053		3,053	2.0		2.0
480		Ptx3									
480		Ptx4									
482	Other Endocrine, Nutrition And Metabolic Procedures		22	39	61	10,371	7,057	8,252	8.2	5.6	6.5
482		Ptx1	10	29	39	5,120	3,943	4,245	4.0	2.3	2.8
482		Ptx2	5	3	8	14,979	22,422	17,770	12.8	24.3	17.1
482		Ptx3	3	4	7	6,827	16,012	12,076	7.3	12.8	10.4
482		Ptx4	6	5	11	38,433	38,262	38,355	34.2	29.8	32.2
483	Diabetes		866	735	1,601	3,017	2,984	3,002	4.6	4.6	4.6
483		Ptx1	609	521	1,130	2,287	2,273	2,281	3.7	3.6	3.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
483		Pix2	129	94	223	4,227	4,068	4,160	6.9	7.1	7.0
483		Pix3	77	70	147	4,744	4,395	4,578	7.7	7.0	7.4
483		Pix4	72	65	137	10,181	10,814	10,482	12.4	12.0	12.2
485	Nutritional And Miscellaneous Metabolic Disorders		1,014	827	1,841	3,575	2,949	3,294	5.2	4.6	4.9
485		Pix1	620	518	1,138	2,640	2,204	2,442	4.1	3.5	3.8
485		Pix2	211	190	401	4,732	4,053	4,411	6.7	6.4	6.6
485		Pix3	143	83	226	5,746	5,041	5,487	8.1	7.4	7.8
485		Pix4	77	57	134	13,642	9,770	11,995	17.7	13.3	15.8
487	Cystic Fibrosis		74	84	158	11,452	11,247	11,343	12.5	11.5	12.0
487		Pix1	49	58	107	10,761	8,819	9,708	12.1	10.3	11.1
487		Pix2	15	12	27	11,814	10,701	11,320	13.5	12.2	12.9
487		Pix3	4	10	14	11,672	16,955	15,446	14.3	16.0	15.5
487		Pix4	7	4	11	17,266	33,827	23,289	14.7	16.3	15.3
488	Inborn Errors Of Metabolism		42	40	82	5,939	5,158	5,558	4.7	4.7	4.7
488		Pix1	27	25	52	4,266	3,313	3,808	3.5	3.1	3.3
488		Pix2	5	9	14	5,398	6,564	6,148	6.4	7.2	6.9
488		Pix3	7	3	10	7,242	10,776	8,302	5.7	12.0	7.6
488		Pix4	2	4	6	58,347	19,465	32,426	19.5	11.5	14.2
489	Endocrine Disorders		235	196	431	3,455	3,452	3,454	3.6	4.3	3.9
489		Pix1	181	141	322	2,653	2,613	2,635	2.4	2.9	2.6
489		Pix2	39	34	73	6,934	4,249	5,683	9.0	6.4	7.8
489		Pix3	16	7	23	8,382	8,505	8,420	12.0	10.4	11.5
489		Pix4	5	10	15	15,126	13,654	14,145	12.0	13.9	13.3
500	PWS - Kidney Transplant		134	119	253	16,958	16,973	16,965	9.4	9.1	9.2
500		Pix1	52	44	96	13,104	12,900	13,010	7.0	7.2	7.1
500		Pix2	24	17	41	13,863	14,363	14,070	7.3	7.6	7.4
500		Pix3	28	26	54	18,049	17,161	17,621	10.4	9.3	9.9
500		Pix4	27	36	63	26,709	26,825	26,775	14.8	14.6	14.7
501	Urinary Diversion And Augmentation		97	91	188	12,879	11,997	12,452	11.8	12.0	11.9
501		Pix1	68	53	121	11,376	9,932	10,743	10.7	9.4	10.1

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
501		Plx2	19	18	37	13,573	13,512	13,543	11.7	13.7	12.7
501		Plx3	2	9	11	14,831	14,055	14,196	15.5	15.1	15.2
501		Plx4	8	17	25	40,113	40,463	40,351	25.8	34.1	31.4
502	Radical Prostatectomy		626	312	938	5,680	5,398	5,586	4.6	5.0	4.7
502		Plx1	538	269	807	5,527	5,238	5,431	4.5	4.9	4.6
502		Plx2	59	31	90	6,069	6,260	6,135	4.7	5.5	5.0
502		Plx3	25	15	40	8,261	8,053	8,183	7.7	8.6	8.1
502		Plx4	8	2	10	7,950	9,043	8,169	6.0	8.0	6.4
503	Dialysis Procedures		83	102	185	16,095	10,901	13,231	14.5	10.6	12.4
503		Plx1	33	65	98	4,620	4,456	4,511	3.6	3.7	3.7
503		Plx2	12	10	22	12,075	15,772	13,755	10.9	16.0	13.2
503		Plx3	15	8	23	17,996	6,972	14,162	16.6	7.4	13.4
503		Plx4	24	18	42	54,991	48,890	52,376	60.9	48.6	55.6
504	Major Urinary Tract Procedures		583	513	1,096	6,562	6,514	6,539	4.9	5.4	5.1
504		Plx1	472	416	888	6,031	5,908	5,974	4.4	4.9	4.6
504		Plx2	63	66	129	8,375	9,075	8,733	6.4	7.3	6.9
504		Plx3	44	23	67	10,378	8,748	9,819	8.8	9.0	8.9
504		Plx4	24	28	52	22,573	20,141	21,263	14.8	15.0	14.9
505	Reconstructive Urological Procedures		70	21	91	5,282	6,655	5,599	4.3	7.0	4.9
505		Plx1	57	17	74	4,443	5,354	4,652	3.6	6.1	4.2
505		Plx2	5	2	7	6,656	8,618	7,217	6.2	8.0	6.7
505		Plx3	2	1	5	9,136	17,020	10,396	7.5	12.0	9.0
505		Plx4	7	1	8	12,272	14,479	12,548	9.6	14.0	10.1
506	Open Prostatectomy		27	17	44	4,968	3,851	4,537	4.6	2.6	3.8
506		Plx1	17	15	32	4,363	3,721	4,062	3.8	2.3	3.1
506		Plx2	6	2	8	6,060	4,823	5,751	5.5	5.0	5.4
506		Plx3	3		5	5,126		8,054	5.7		5.7
506		Plx4	1		2	8,242		6,362	9.0		9.0
507	Vascular And Other Urinary Procedures		33	36	69	9,292	10,580	9,964	9.4	8.4	8.9
507		Plx1	18	22	40	4,913	4,936	4,926	3.8	4.8	4.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
507		Pix2	2		5	9,933		9,818	9.0		9.0
507		Pix3	5	3	8	15,619	19,720	17,157	18.6	22.3	20.0
507		Pix4	13	14	27	53,649	40,326	46,741	44.8	29.5	36.9
508	Minor Upper Urinary Tract Procedures		265	239	504	6,217	5,923	6,077	5.1	5.0	5.1
508		Pix1	213	195	408	5,444	5,092	5,276	4.1	4.1	4.1
508		Pix2	28	16	44	8,212	8,093	8,169	8.2	9.4	8.6
508		Pix3	15	20	35	11,872	9,095	10,285	12.8	8.6	10.4
508		Pix4	11	14	25	22,501	18,701	20,373	22.1	18.4	20.0
509	Minor Lower Urinary Tract Procedures		93	59	152	3,322	3,983	3,579	2.4	2.8	2.6
509		Pix1	89	55	144	3,277	3,760	3,461	2.3	2.7	2.5
509		Pix2	5	1	6	5,550	6,206	5,659	6.2	4.0	5.8
509		Pix3	2	2	5	16,180	6,432	9,898	18.5	5.0	11.8
509		Pix4	1	1	3	51,165	9,132	21,551	16.0	3.0	9.5
510	Transurethral Prostatectomy		837	524	1,361	2,481	2,526	2,498	2.2	2.5	2.3
510		Pix1	807	512	1,319	2,431	2,504	2,459	2.1	2.5	2.3
510		Pix2	24	10	34	4,357	4,459	4,387	5.1	6.8	5.6
510		Pix3	11	8	19	4,642	5,536	5,019	6.3	9.6	7.7
510		Pix4	8	4	12	7,377	12,945	9,233	9.4	16.3	11.7
512	Other Transurethral Or Biopsy Procedures (MNRH)		927	813	1,740	2,042	2,219	2,125	1.9	1.9	1.9
512		Pix1	908	782	1,690	2,013	2,175	2,088	1.8	1.9	1.8
512		Pix2	16	22	38	4,309	3,347	3,752	5.4	3.5	4.3
512		Pix3	10	10	20	7,810	6,108	6,959	8.9	6.3	7.6
512		Pix4	10	7	17	14,209	8,398	11,816	15.1	9.0	12.6
514	Miscellaneous Urinary Tract Procedures (MNRH)		3	15	18	2,580	2,765	2,734	2.3	2.3	2.3
514		Pix1	2	15	17	2,490	2,765	2,733	1.5	2.3	2.2
514		Pix2	1		2	2,761		2,855	4.0		4.0
514		Pix3			1			1,532			
514		Pix4									
520	Renal Failure With Dialysis		192	190	382	14,160	13,300	13,732	14.4	14.5	14.5
520		Pix1	57	59	116	6,068	7,243	6,666	7.2	9.4	8.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
520		Pix2	41	33	74	13,260	9,605	11,630	14.9	11.2	13.2
520		Pix3	35	37	72	13,730	13,238	13,477	14.1	16.6	15.4
520		Pix4	65	63	128	26,453	22,310	24,414	27.0	21.9	24.5
521	Renal Failure Without Dialysis		458	328	786	5,397	5,123	5,283	7.5	7.8	7.6
521		Pix1	171	134	305	3,779	3,632	3,715	5.6	5.5	5.5
521		Pix2	133	91	224	4,711	4,842	4,764	7.4	7.9	7.6
521		Pix3	108	66	174	6,316	6,609	6,427	9.2	10.8	9.8
521		Pix4	55	47	102	14,369	13,869	14,139	15.5	18.2	16.7
522	Urinary Neoplasm		173	94	267	6,931	5,375	6,384	10.5	8.0	9.6
522		Pix1	73	40	113	4,493	2,950	3,946	6.6	4.4	5.8
522		Pix2	37	29	66	7,151	5,425	6,393	11.6	8.1	10.1
522		Pix3	32	17	49	7,527	8,007	7,694	12.4	13.5	12.8
522		Pix4	27	9	36	10,191	13,110	10,920	13.4	17.0	14.3
524	Nephrotic Syndrome		50	39	89	3,540	4,135	3,801	4.4	5.3	4.8
524		Pix1	41	22	63	3,113	2,906	3,041	3.8	3.8	3.8
524		Pix2	4	7	11	3,079	4,673	4,093	4.0	6.4	5.5
524		Pix3	5	7	12	7,410	6,039	6,610	9.2	7.4	8.2
524		Pix4	1	3	5	14,616	7,454	10,825	23.0	9.0	12.5
525	Nephropathy Without Nephrotic Syndrome		31	52	83	3,775	3,401	3,541	4.5	3.7	4.0
525		Pix1	18	28	46	2,771	1,884	2,231	3.2	2.2	2.6
525		Pix2	3	5	8	6,269	1,852	3,508	6.0	3.0	4.1
525		Pix3	7	12	19	3,263	4,993	4,356	5.0	5.3	5.2
525		Pix4	3	8	11	8,505	8,444	8,461	10.3	9.1	9.5
526	Miscellaneous Nephrological Diagnosis		14	17	31	3,244	3,798	3,548	5.3	4.6	4.9
526		Pix1	7	10	17	2,182	3,088	2,715	4.1	4.3	4.2
526		Pix2	3	3	6	3,508	5,802	4,655	5.0	4.7	4.8
526		Pix3	3	3	6	3,083	4,197	3,640	5.3	5.7	5.5
526		Pix4	1	1	3	10,373	3,688	10,280	14.0	4.0	9.0
527	Upper Urinary Tract Infection		415	402	817	2,614	2,504	2,560	3.9	4.1	4.0
527		Pix1	337	322	659	2,302	2,191	2,248	3.4	3.6	3.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
527		Plx2	32	28	60	3,870	3,173	3,545	5.7	5.5	5.6
527		Plx3	30	36	66	4,074	3,849	3,952	5.9	6.2	6.0
527		Plx4	18	14	32	8,732	6,234	7,639	9.9	9.3	9.7
529	Lower Urinary Tract Infection		688	525	1,213	3,484	3,182	3,353	5.3	5.1	5.2
529		Plx1	444	350	794	2,881	2,712	2,807	4.5	4.3	4.4
529		Plx2	137	95	232	4,083	3,882	4,001	6.6	6.5	6.5
529		Plx3	69	58	127	4,705	4,184	4,467	6.7	6.6	6.7
529		Plx4	51	30	81	10,443	10,353	10,410	15.1	13.5	14.5
532	Urinary Retention And Other Functional Disorders Of Bladder		72	60	132	2,004	1,755	1,891	3.3	3.1	3.2
532		Plx1	65	51	116	1,839	1,685	1,771	3.1	2.8	3.0
532		Plx2	7	7	14	3,544	1,903	2,724	4.9	4.7	4.8
532		Plx3		2	5		3,022	3,047		5.0	5.0
532		Plx4	1	2	5	15,983	36,729	21,302	24.0	68.0	53.3
534	Miscellaneous Urological Diagnoses (MNRH)		130	87	217	3,459	2,889	3,231	4.5	3.7	4.2
534		Plx1	98	66	164	2,684	2,118	2,456	3.6	3.0	3.3
534		Plx2	17	7	24	3,383	5,153	3,899	5.8	4.0	5.3
534		Plx3	9	12	21	5,886	5,763	5,816	8.4	7.8	8.1
534		Plx4	7	3	10	13,508	10,681	12,660	13.9	16.0	14.5
535	Hematuria (MNRH)		84	50	134	1,863	1,643	1,781	3.2	3.1	3.1
535		Plx1	68	40	108	1,883	1,531	1,753	3.2	2.9	3.1
535		Plx2	14	9	23	1,670	2,028	1,810	2.9	3.8	3.3
535		Plx3	2	1	5	2,543	2,636	3,072	4.0	6.0	4.7
535		Plx4		1	2		8,084	5,704		17.0	17.0
536	Urinary Obstruction (MNRH)		711	615	1,326	1,633	1,599	1,617	2.1	2.0	2.0
536		Plx1	645	577	1,222	1,522	1,541	1,531	2.0	1.9	1.9
536		Plx2	50	26	76	2,811	2,965	2,863	3.8	4.6	4.1
536		Plx3	25	21	46	4,749	3,773	4,303	6.1	5.3	5.7
536		Plx4	12	2	14	7,583	6,098	7,371	8.9	10.5	9.1
538	Admission For Dialysis (MNRH)		1	6	7	1,259	1,215	1,222	1.0	1.0	1.0
538		Plx1									

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
538		Plx2	1	6	7	1,259	1,215	1,222	1.0	1.0	1.0
538		Plx3		1	1		6,706	6,706		6.0	6.0
538		Plx4									
550	Major Pelvic And Retroperitoneum Procedures		1	1	3	6,615	6,617	5,134	3.0	5.0	4.0
550		Plx1	1	1	3	6,615	6,617	5,134	3.0	5.0	4.0
550		Plx2									
550		Plx3									
550		Plx4									
551	Penis Procedures		58	44	102	4,242	3,757	4,032	2.0	2.9	2.4
551		Plx1	55	38	93	4,113	3,529	3,875	1.8	2.6	2.1
551		Plx2	1	4	5	6,780	4,557	5,002	4.0	4.0	4.0
551		Plx3	1	2	3	8,811	13,388	11,863	2.0	16.5	11.7
551		Plx4			2			14,028			
552	Testes Procedures		75	68	143	2,254	2,032	2,148	1.9	1.6	1.7
552		Plx1	69	66	135	2,091	1,946	2,020	1.6	1.5	1.5
552		Plx2	3	1	5	7,282	15,277	10,143	9.7	21.0	12.5
552		Plx3		1	2		10,452	9,210		9.0	9.0
552		Plx4			3			8,018			
554	Miscellaneous Male Reproductive System Procedures (MNRH)		58	54	112	1,703	1,632	1,668	1.0	1.0	1.0
554		Plx1	57	53	110	1,696	1,593	1,646	1.0	1.0	1.0
554		Plx2	2	1	5	2,451	3,691	2,762	1.5	1.0	1.3
554		Plx3	1	1	4	4,968	28,725	9,978	2.0	25.0	13.5
554		Plx4									
555	Circumcision (MNRH)		7	2	9	1,884	1,684	1,840	1.0	1.0	1.0
555		Plx1	7	2	9	1,884	1,684	1,840	1.0	1.0	1.0
555		Plx2			1			1,355			
555		Plx3	1		1	5,202		5,202	7.0		7.0
555		Plx4									
560	Malignancy Of Male Reproductive Organ		3	2	5	2,531	3,151	2,779	3.7	4.5	4.0
560		Plx1	2	2	5	1,945	3,151	3,007	3.0	4.5	3.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
560		Plx2									
560		Plx3	1		1	3,701		3,701	5.0		5.0
560		Plx4									
561	Male Reproductive System Inflammation		42	42	84	2,276	2,976	2,626	4.0	5.3	4.7
561		Plx1	36	34	70	2,011	2,330	2,166	3.5	4.5	4.0
561		Plx2	5	4	9	4,650	6,033	5,265	8.6	8.5	8.6
561		Plx3	2	2	5	4,344	4,447	3,941	6.5	6.0	6.3
561		Plx4			2			3,745			
562	Other Male Reproductive System Diagnoses		11	6	17	1,578	1,406	1,517	2.5	2.3	2.5
562		Plx1	10	6	16	1,398	1,406	1,401	2.3	2.3	2.3
562		Plx2	1		3	3,375		3,150	5.0		5.0
562		Plx3									
562		Plx4									
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		7	3	10	1,439	1,417	1,432	2.0	1.0	1.7
563		Plx1	7	3	10	1,439	1,417	1,432	2.0	1.0	1.7
563		Plx2			1			1,807			
563		Plx3									
563		Plx4									
575	PWS - Pelvic Exenteration		4	2	6	25,026	51,043	33,698	21.3	41.5	28.0
575		Plx1									
575		Plx2	1		4	12,218		19,254	11.0		11.0
575		Plx3	1		1	21,184		21,184	18.0		18.0
575		Plx4	2	2	4	33,350	51,043	42,196	28.0	41.5	34.8
576	PWS - Radical Hysterectomy And Vulvectomy		156	51	207	7,230	7,788	7,367	6.3	7.5	6.6
576		Plx1	91	23	114	6,373	6,672	6,433	5.3	6.2	5.5
576		Plx2	34	11	45	8,091	7,845	8,031	7.4	7.6	7.5
576		Plx3	23	16	39	8,723	10,145	9,307	8.3	10.3	9.1
576		Plx4	11	4	15	10,796	9,868	10,548	9.7	9.8	9.7
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		140	66	206	7,310	7,902	7,500	6.8	8.4	7.3
577		Plx1	86	36	122	5,769	6,094	5,865	5.5	6.2	5.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
577		Pix2	32	17	49	8,819	9,766	9,148	8.2	10.5	9.0
577		Pix3	14	11	25	11,323	10,232	10,843	10.8	11.4	11.0
577		Pix4	11	7	18	15,916	26,045	19,855	16.0	27.6	20.5
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		236	125	361	4,488	4,610	4,530	4.1	4.3	4.2
578		Pix1	183	90	273	3,976	3,899	3,951	3.6	3.6	3.6
578		Pix2	31	15	46	6,233	5,572	6,018	5.9	5.9	5.9
578		Pix3	12	16	28	8,921	8,855	8,883	9.1	8.4	8.7
578		Pix4	9	4	13	9,392	13,661	10,706	9.8	12.0	10.5
579	Major Uterine And Adnexal Procedures Without Malignancy		4,042	2,385	6,427	3,380	3,286	3,345	3.1	3.1	3.1
579		Pix1	3,765	2,226	5,991	3,322	3,248	3,294	3.1	3.1	3.1
579		Pix2	268	185	453	4,905	4,691	4,818	4.6	4.8	4.7
579		Pix3	131	83	214	5,673	6,213	5,882	5.5	6.2	5.7
579		Pix4	60	39	99	8,733	8,808	8,763	7.6	8.4	7.9
581	Reconstructive Gynecological Procedures		886	529	1,415	3,305	3,601	3,416	3.0	3.4	3.1
581		Pix1	803	461	1,264	3,073	3,378	3,184	2.8	3.1	2.9
581		Pix2	62	52	114	5,455	5,349	5,407	5.1	5.4	5.2
581		Pix3	22	20	42	6,546	6,292	6,425	6.0	6.1	6.0
581		Pix4	8	7	15	7,556	9,288	8,364	5.9	10.9	8.2
582	Other Gynecological Procedures		71	65	136	3,280	3,209	3,246	3.0	3.1	3.1
582		Pix1	65	60	125	2,888	2,940	2,913	2.7	2.9	2.8
582		Pix2	7	6	13	9,145	7,185	8,240	9.0	7.5	8.3
582		Pix3	3		5	10,557		7,536	10.7		10.7
582		Pix4	2	1	5	21,652	14,161	17,249	27.0	12.0	22.0
583	Radio-Implant For Malignancy		28	34	62	3,796	4,207	4,022	2.0	2.1	2.1
583		Pix1	28	34	62	3,796	4,207	4,022	2.0	2.1	2.1
583		Pix2									
583		Pix3		1	3		9,690	5,075		10.0	10.0
583		Pix4									
584	Vagina, Cervix And Vulva Procedures		90	54	144	2,295	2,404	2,336	2.1	2.2	2.1
584		Pix1	85	52	137	2,123	2,381	2,221	1.9	2.2	2.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
584		Plx2	6	3	9	6,316	4,684	5,772	5.7	5.7	5.7
584		Plx3	1		4	6,999		5,400	12.0		12.0
584		Plx4									
585	Gynecological Laparoscopy (MNRH)		67	81	148	2,292	2,099	2,187	2.3	2.1	2.2
585		Plx1	67	81	148	2,292	2,099	2,187	2.3	2.1	2.2
585		Plx2			4			1,381			
585		Plx3			3			1,650			
585		Plx4		1	1		7,498	7,498		9.0	9.0
586	Tubal Interruption (MNRH)		10	7	17	1,420	2,554	1,887	1.1	1.4	1.2
586		Plx1	10	7	17	1,420	2,554	1,887	1.1	1.4	1.2
586		Plx2									
586		Plx3									
586		Plx4									
587	Miscellaneous Gynecological Procedures (MNRH)		263	141	404	1,168	1,295	1,213	1.3	1.3	1.3
587		Plx1	256	140	396	1,142	1,284	1,192	1.3	1.3	1.3
587		Plx2	3		5	2,629		6,056	3.3		3.3
587		Plx3	4		5	2,249		2,065	1.5		1.5
587		Plx4	2	1	3	15,109	2,847	11,022	15.5	3.0	11.3
592	Malignancy Of Female Reproductive Organ		53	52	105	4,562	6,426	5,485	7.5	10.6	9.0
592		Plx1	23	30	53	2,991	4,525	3,859	4.7	7.4	6.2
592		Plx2	17	11	28	6,292	6,724	6,462	11.2	11.8	11.4
592		Plx3	6	4	10	3,653	10,608	6,435	5.8	18.8	11.0
592		Plx4	6	8	14	5,899	13,328	10,144	8.8	20.6	15.6
594	Female Reproductive System Infection		92	53	145	1,835	1,746	1,803	3.1	3.1	3.1
594		Plx1	88	52	140	1,842	1,713	1,794	3.1	3.1	3.1
594		Plx2	3	1	5	1,609	3,456	2,211	3.3	6.0	4.0
594		Plx3	1		3	1,953		1,208	2.0		2.0
594		Plx4									
595	Other Female Reproductive System Diagnoses And Injuries		71	39	110	1,612	1,464	1,559	2.5	2.5	2.5
595		Plx1	66	37	103	1,495	1,391	1,457	2.4	2.4	2.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
595		Pix2	2	2	5	2,304	2,804	2,782	3.5	4.5	4.0
595		Pix3	3		3	3,731		3,731	3.7		3.7
595		Pix4									
596	Miscellaneous Gynecological Diagnoses (MNRH)		254	149	403	1,328	1,442	1,370	1.9	2.1	1.9
596		Pix1	246	139	385	1,294	1,342	1,311	1.8	2.0	1.9
596		Pix2	5	6	11	2,319	1,916	2,099	2.8	2.8	2.8
596		Pix3	3	2	5	4,643	2,533	3,799	6.0	4.0	5.2
596		Pix4	1	2	5	3,232	5,859	6,417	4.0	6.0	5.3
599	Premature Labour		403	138	541	2,553	2,703	2,591	3.3	3.2	3.2
599		Pix9	403	138	541	2,553	2,703	2,591	3.3	3.2	3.2
600	Major Procedures In Pregnancy Or Childbirth		71	44	115	7,398	9,415	8,169	5.8	6.5	6.1
600		Pix9	71	44	115	7,398	9,415	8,169	5.8	6.5	6.1
601	Repeat Caesarean Delivery With Complicating Diagnosis		741	426	1,167	3,224	3,490	3,321	3.3	3.5	3.4
601		Pix9	741	426	1,167	3,224	3,490	3,321	3.3	3.5	3.4
602	Caesarean Delivery With Complicating Diagnosis		1,842	1,016	2,858	4,090	4,006	4,060	3.9	4.1	4.0
602		Pix9	1,842	1,016	2,858	4,090	4,006	4,060	3.9	4.1	4.0
603	Repeat Caesarean Delivery		973	415	1,388	2,487	2,831	2,590	2.7	2.7	2.7
603		Pix9	973	415	1,388	2,487	2,831	2,590	2.7	2.7	2.7
604	Caesarean Delivery		1,835	972	2,807	3,347	3,348	3,347	3.3	3.5	3.4
604		Pix9	1,835	972	2,807	3,347	3,348	3,347	3.3	3.5	3.4
605	Fetal Surgery		2	1	5	2,805	3,098	2,406	4.0	3.0	3.7
605		Pix9	2	1	5	2,805	3,098	2,406	4.0	3.0	3.7
606	Vaginal Delivery With Sterilization Procedures		32	65	97	2,596	2,607	2,604	2.4	2.2	2.3
606		Pix9	32	65	97	2,596	2,607	2,604	2.4	2.2	2.3
607	Vaginal Delivery With Minor Procedures		130	63	193	2,907	2,800	2,872	2.2	2.5	2.3
607		Pix9	130	63	193	2,907	2,800	2,872	2.2	2.5	2.3
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		395	241	636	2,365	2,343	2,357	2.0	2.2	2.1
608		Pix9	395	241	636	2,365	2,343	2,357	2.0	2.2	2.1
609	Vaginal Delivery With Complicating Diagnosis		7,664	4,694	12,358	2,287	2,204	2,255	2.0	2.3	2.1

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
609		Plx9	7,664	4,694	12,358	2,287	2,204	2,255	2.0	2.3	2.1
610	Vaginal Delivery After Caesarean Delivery (VBAC)		462	280	742	1,917	1,962	1,934	1.5	1.8	1.6
610		Plx9	462	280	742	1,917	1,962	1,934	1.5	1.8	1.6
611	Vaginal Delivery		10,030	5,735	15,765	1,684	1,713	1,694	1.5	1.7	1.6
611		Plx9	10,030	5,735	15,765	1,684	1,713	1,694	1.5	1.7	1.6
612	Ectopic Pregnancy With Major Procedures		162	101	263	2,767	2,935	2,831	2.5	2.6	2.6
612		Plx9	162	101	263	2,767	2,935	2,831	2.5	2.6	2.6
613	Ectopic Pregnancy With Minor Procedures		176	145	321	2,170	2,125	2,150	1.6	1.6	1.6
613		Plx9	176	145	321	2,170	2,125	2,150	1.6	1.6	1.6
614	Ectopic Pregnancy		39	14	53	554	777	613	1.0	1.0	1.0
614		Plx9	39	14	53	554	777	613	1.0	1.0	1.0
615	Threatened Abortion		72	32	104	988	1,190	1,051	1.5	1.6	1.5
615		Plx9	72	32	104	988	1,190	1,051	1.5	1.6	1.5
616	Abortive Outcome With Injection		6	5	11	3,157	3,623	3,369	1.2	1.0	1.1
616		Plx9	6	5	11	3,157	3,623	3,369	1.2	1.0	1.1
617	Abortive Outcome With D And C		867	494	1,361	804	931	850	1.0	1.0	1.0
617		Plx9	867	494	1,361	804	931	850	1.0	1.0	1.0
618	Abortive Outcome		165	105	270	1,139	917	1,053	1.4	1.3	1.3
618		Plx9	165	105	270	1,139	917	1,053	1.4	1.3	1.3
619	False Labour LOS < 3 Days (MNRH)		429	180	609	778	1,095	871	1.0	1.0	1.0
619		Plx9	429	180	609	778	1,095	871	1.0	1.0	1.0
620	Post-Partum Diagnosis With Procedures Other Than D And C		34	16	50	3,784	4,163	3,905	4.1	3.9	4.0
620		Plx9	34	16	50	3,784	4,163	3,905	4.1	3.9	4.0
621	Post-Partum Diagnosis With D And C		139	83	222	1,109	1,264	1,167	1.4	1.3	1.3
621		Plx9	139	83	222	1,109	1,264	1,167	1.4	1.3	1.3
622	Post-Partum Diagnosis		422	263	685	1,570	1,599	1,581	2.3	2.5	2.4
622		Plx9	422	263	685	1,570	1,599	1,581	2.3	2.5	2.4
623	Antepartum Diagnosis With Complicating Diagnosis		705	341	1,046	1,587	1,813	1,661	2.4	2.3	2.4
623		Plx9	705	341	1,046	1,587	1,813	1,661	2.4	2.3	2.4

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
624	Antepartum Diagnosis		811	320	1,131	1,148	1,474	1,241	1.6	1.8	1.7
624		Plx9	811	320	1,131	1,148	1,474	1,241	1.6	1.8	1.7
625	PWS - Neonates Weight < 750 Grams		102	33	135	49,964	69,469	54,732	21.5	28.3	23.1
625		Plx9	102	33	135	49,964	69,469	54,732	21.5	28.3	23.1
626	PWS - Neonates Weight 750-999 Grams		105	79	184	76,974	61,532	70,344	43.9	30.9	38.3
626		Plx9	105	79	184	76,974	61,532	70,344	43.9	30.9	38.3
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		14	1	15	43,064	16,051	41,263	25.1	3.0	23.7
627		Plx9	14	1	15	43,064	16,051	41,263	25.1	3.0	23.7
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		328	197	525	33,146	28,187	31,285	25.1	23.6	24.6
628		Plx9	328	197	525	33,146	28,187	31,285	25.1	23.6	24.6
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		7	4	11	26,162	70,830	42,405	17.4	22.0	19.1
630		Plx9	7	4	11	26,162	70,830	42,405	17.4	22.0	19.1
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		160	98	258	20,455	22,556	21,253	16.1	18.7	17.1
631		Plx9	160	98	258	20,455	22,556	21,253	16.1	18.7	17.1
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		515	200	715	10,862	9,721	10,543	12.5	12.5	12.5
632		Plx9	515	200	715	10,862	9,721	10,543	12.5	12.5	12.5
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		11	1	12	18,711	12,738	18,214	10.5	19.0	11.3
636		Plx9	11	1	12	18,711	12,738	18,214	10.5	19.0	11.3
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		195	133	328	14,508	14,717	14,592	10.3	10.3	10.3
637		Plx9	195	133	328	14,508	14,717	14,592	10.3	10.3	10.3
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		241	157	398	9,149	8,495	8,891	8.7	9.1	8.9
638		Plx9	241	157	398	9,149	8,495	8,891	8.7	9.1	8.9
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		811	402	1,213	4,558	3,966	4,361	5.9	5.9	5.9
639		Plx9	811	402	1,213	4,558	3,966	4,361	5.9	5.9	5.9
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		227	132	359	954	1,031	983	1.7	1.9	1.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
640		Ptx9	227	132	359	954	1,031	983	1.7	1.9	1.8
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		31	22	53	26,762	32,220	29,028	9.8	12.8	11.0
643		Ptx9	31	22	53	26,762	32,220	29,028	9.8	12.8	11.0
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		649	402	1,051	10,600	9,661	10,241	5.9	5.7	5.8
644		Ptx9	649	402	1,051	10,600	9,661	10,241	5.9	5.7	5.8
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,099	961	2,060	3,371	3,739	3,543	3.3	3.6	3.4
645		Ptx9	1,099	961	2,060	3,371	3,739	3,543	3.3	3.6	3.4
646	Neonates Weight > 2500 gm With Caesarian Delivery		4,537	2,312	6,849	1,409	1,594	1,471	3.0	3.1	3.0
646		Ptx9	4,537	2,312	6,849	1,409	1,594	1,471	3.0	3.1	3.0
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,994	1,271	3,265	1,707	1,951	1,802	2.2	2.5	2.3
647		Ptx9	1,994	1,271	3,265	1,707	1,951	1,802	2.2	2.5	2.3
648	Neonates Weight > 2500 gm (Normal Newborn)		15,900	9,365	25,265	713	848	763	1.4	1.6	1.4
648		Ptx9	15,900	9,365	25,265	713	848	763	1.4	1.6	1.4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		117	78	195	80,430	73,914	77,823	43.7	39.4	42.0
650		Ptx1	4	4	8	24,272	22,533	23,402	13.3	16.0	14.6
650		Ptx2	2	3	5	16,403	17,801	17,242	14.5	17.0	16.0
650		Ptx3	3	4	7	34,790	31,771	33,065	31.3	28.0	29.4
650		Ptx4	108	68	176	86,092	83,689	85,164	46.3	43.9	45.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		2	1	5	36,324	48,823	35,381	18.0	34.0	23.3
651		Ptx9	2	1	5	36,324	48,823	35,654	18.0	34.0	23.3
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		1	3	5	18,064	37,142	44,078	5.0	29.0	23.0
652		Ptx9	1	3	5	18,064	37,142	39,119	5.0	29.0	23.0
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		24	24	48	39,916	33,441	36,678	22.1	19.1	20.6
653		Ptx9	24	24	48	39,916	33,441	36,678	22.1	19.1	20.6
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		5	7	12	33,662	42,429	38,776	16.2	17.4	16.9
654		Ptx9	5	7	12	33,662	42,429	38,776	16.2	17.4	16.9
655	PWS - Spinal Procedures With Femur Procedures For Trauma		6	8	14	22,590	27,459	25,372	13.2	16.1	14.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
655		Plx9	6	8	14	22,590	27,459	25,372	13.2	16.1	14.9
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		3	3	6	36,695	47,434	42,065	16.3	19.7	18.0
656		Plx9	3	3	6	36,695	47,434	42,065	16.3	19.7	18.0
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		12	8	20	27,989	23,943	26,371	15.4	18.5	16.7
657		Plx9	12	8	20	27,989	23,943	26,371	15.4	18.5	16.7
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		88	76	164	19,841	20,839	20,303	13.8	14.8	14.3
658		Plx9	88	76	164	19,841	20,839	20,303	13.8	14.8	14.3
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		21	14	35	26,245	23,754	25,249	15.7	15.8	15.7
659		Plx9	21	14	35	26,245	23,754	25,249	15.7	15.8	15.7
660	PWS - Intracranial Procedures For Trauma		121	155	276	17,285	17,393	17,346	8.6	8.6	8.6
660		Plx1	49	71	120	9,129	7,645	8,251	5.4	4.8	5.0
660		Plx2	25	22	47	11,090	14,238	12,564	7.6	10.1	8.8
660		Plx3	14	12	26	22,514	15,207	19,141	10.6	8.7	9.7
660		Plx4	33	45	78	33,984	36,285	35,311	14.8	12.8	13.6
661	PWS - Spinal Procedures For Trauma		161	101	262	14,432	16,084	15,068	10.3	10.0	10.2
661		Plx1	110	61	171	11,636	11,042	11,424	8.6	7.8	8.3
661		Plx2	24	22	46	18,254	19,712	18,951	13.3	13.3	13.3
661		Plx3	15	10	25	17,207	20,979	18,716	13.3	12.9	13.1
661		Plx4	19	12	31	51,969	45,561	49,489	25.5	22.5	24.3
662	Femur Or Pelvic Procedures For Trauma		1,153	952	2,105	8,614	8,008	8,340	8.9	8.7	8.8
662		Plx1	787	643	1,430	7,097	6,547	6,850	7.2	6.8	7.0
662		Plx2	183	164	347	11,095	9,730	10,450	12.3	11.3	11.8
662		Plx3	101	81	182	12,174	12,654	12,387	13.2	16.2	14.5
662		Plx4	101	70	171	19,553	19,917	19,702	22.1	21.6	21.9
663	Thoraco-Abdominal Procedures For Trauma		161	113	274	11,199	10,510	10,915	7.4	7.5	7.4
663		Plx1	66	60	126	6,571	7,629	7,075	5.8	6.2	6.0
663		Plx2	32	21	53	7,864	8,612	8,161	5.9	7.5	6.5

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
663		Ptx3	27	18	45	11,051	15,435	12,805	8.3	9.9	8.9
663		Ptx4	44	17	61	31,518	22,839	29,099	15.6	13.5	15.0
664	Wound Debridement And Skin Graft For Trauma		564	467	1,031	7,644	8,134	7,866	6.3	6.4	6.3
664		Ptx1	407	355	762	5,582	6,005	5,779	4.5	4.8	4.6
664		Ptx2	106	71	177	11,347	12,254	11,710	9.4	10.1	9.7
664		Ptx3	29	24	53	17,448	17,136	17,307	15.9	14.1	15.1
664		Ptx4	27	23	50	31,374	34,474	32,800	22.4	23.4	22.9
665	PWS - Elevated Skull Fractures		12	19	31	14,836	8,879	11,185	7.3	5.7	6.3
665		Ptx1	7	11	18	4,978	5,964	5,580	2.7	3.8	3.4
665		Ptx2	1	7	8	7,685	11,664	11,166	7.0	8.3	8.1
665		Ptx3	1		3	20,361		18,817	10.0		10.0
665		Ptx4	3	1	5	38,380	21,462	32,357	17.3	8.0	15.0
666	Major Lower Extremity Procedures For Trauma		1,955	1,525	3,480	3,721	3,938	3,816	3.0	3.1	3.0
666		Ptx1	1,854	1,460	3,314	3,589	3,814	3,688	2.9	3.0	2.9
666		Ptx2	117	86	203	8,230	9,839	8,911	7.4	9.1	8.1
666		Ptx3	42	31	73	11,366	15,748	13,227	10.2	12.4	11.2
666		Ptx4	32	22	54	21,486	22,521	21,908	18.0	18.7	18.3
667	Minor Lower Extremity Procedures For Trauma		54	44	98	3,680	3,174	3,453	3.0	2.6	2.9
667		Ptx1	51	43	94	3,278	3,139	3,214	2.7	2.6	2.7
667		Ptx2	1	2	5	17,664	8,880	13,578	28.0	8.5	15.0
667		Ptx3	1		1	7,756		7,756	9.0		9.0
667		Ptx4									
668	Miscellaneous Musculoskeletal Procedures For Trauma		355	264	619	4,419	5,049	4,688	3.3	3.8	3.5
668		Ptx1	327	232	559	4,022	4,311	4,142	3.0	3.2	3.1
668		Ptx2	15	14	29	8,469	8,733	8,596	6.7	6.3	6.5
668		Ptx3	6	6	12	11,528	16,061	13,795	7.3	11.7	9.5
668		Ptx4	5	3	8	24,528	18,450	22,249	12.8	9.0	11.4
669	Vascular Repair For Trauma		40	23	63	5,421	5,147	5,321	3.0	2.8	2.9
669		Ptx1	29	20	49	3,792	4,662	4,147	2.3	2.6	2.4
669		Ptx2	5	2	7	7,321	5,340	6,755	3.8	3.5	3.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
669		Pts3	3	1	4	7,994	14,452	9,609	4.7	6.0	5.0
669		Pts4	5	1	6	22,444	30,631	23,808	11.6	14.0	12.0
670	Upper Extremity Procedures For Trauma		1,267	1,050	2,317	3,019	3,040	3,028	2.1	2.1	2.1
670		Pts1	1,152	963	2,115	2,741	2,783	2,760	1.8	1.8	1.8
670		Pts2	45	41	86	5,979	6,845	6,392	4.6	5.9	5.2
670		Pts3	12	8	20	8,522	9,962	9,098	7.0	8.1	7.5
670		Pts4	6	5	11	12,619	14,731	13,579	11.2	13.6	12.3
674	PWS - Intracranial Injuries With Spinal Injuries		26	21	47	18,776	13,418	16,382	10.6	8.6	9.7
674		Pts9	26	21	47	18,776	13,418	16,382	10.6	8.6	9.7
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		12	9	21	4,523	16,341	9,588	2.7	6.3	4.2
675		Pts9	12	9	21	4,523	16,341	9,588	2.7	6.3	4.2
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		38	22	60	14,364	13,935	14,207	8.8	6.3	7.9
676		Pts9	38	22	60	14,364	13,935	14,207	8.8	6.3	7.9
677	Spinal Injuries With Fractures Of Femur		42	24	66	5,904	6,625	6,166	7.3	10.2	8.4
677		Pts9	42	24	66	5,904	6,625	6,166	7.3	10.2	8.4
678	Spinal Injuries With Thoraco-Abdominal Injuries		65	37	102	6,413	6,959	6,611	6.9	6.6	6.8
678		Pts9	65	37	102	6,413	6,959	6,611	6.9	6.6	6.8
679	Fractures Of Femur With Thoraco-Abdominal Injuries		27	24	51	8,493	13,085	10,654	9.4	11.1	10.2
679		Pts9	27	24	51	8,493	13,085	10,654	9.4	11.1	10.2
680	Femur Or Pelvic Fractures And Dislocations		286	230	516	5,371	5,162	5,278	9.7	9.7	9.7
680		Pts1	211	163	374	4,546	4,202	4,396	8.2	7.7	8.0
680		Pts2	43	37	80	9,226	9,410	9,311	16.6	19.8	18.1
680		Pts3	18	19	37	8,267	7,439	7,842	14.1	11.7	12.9
680		Pts4	18	15	33	12,114	14,639	13,262	18.3	23.9	20.8
681	Frostbite		10	6	16	3,874	11,514	6,739	6.6	13.8	9.3
681		Pts1	8	4	12	3,792	11,215	6,266	6.6	14.8	9.3
681		Pts2	1	1	3	1,116	7,841	9,410	3.0	11.0	7.0
681		Pts3	1	1	3	7,288	16,386	9,858	10.0	13.0	11.5
681		Pts4									
682	Spinal Injuries		344	251	595	3,651	3,505	3,589	4.9	4.5	4.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
682		Pix1	298	219	517	3,320	3,221	3,278	4.4	4.3	4.4
682		Pix2	39	26	65	6,278	4,872	5,716	9.1	8.0	8.6
682		Pix3	6	5	11	10,217	6,515	8,534	15.0	9.4	12.5
682		Pix4	10	6	16	20,909	24,302	22,182	29.1	19.7	25.6
683	Intracranial Injuries		355	201	556	5,759	5,352	5,612	5.1	4.4	4.8
683		Pix1	267	148	415	3,777	3,669	3,739	3.8	3.4	3.7
683		Pix2	31	18	49	7,569	6,026	7,002	6.6	5.0	6.0
683		Pix3	22	19	41	9,303	10,077	9,662	8.8	7.3	8.1
683		Pix4	40	17	57	22,499	17,495	21,006	16.4	11.1	14.8
684	Fracture Of Humerus		73	72	145	4,040	3,636	3,840	6.3	6.3	6.3
684		Pix1	54	60	114	2,840	2,764	2,800	4.0	4.5	4.3
684		Pix2	16	8	24	13,024	10,245	12,098	26.1	19.9	24.0
684		Pix3	7	3	10	24,438	7,817	19,452	46.4	13.3	36.5
684		Pix4	3	1	5	8,431	51,135	19,159	13.7	125.0	41.5
685	Hip And Thigh Injuries		34	40	74	3,523	2,843	3,155	6.5	5.3	5.8
685		Pix1	30	36	66	3,297	2,471	2,846	6.1	4.4	5.2
685		Pix2	3	1	5	4,764	3,404	3,968	8.7	8.0	8.5
685		Pix3	1	4	5	6,582	8,994	8,511	12.0	19.5	18.0
685		Pix4	1	1	5	24,065	24,257	11,492	33.0	64.0	48.5
686	Major Nerve Injuries		2	3	5	10,845	6,043	7,964	7.5	5.0	6.0
686		Pix1	1	3	5	15,905	6,043	7,716	5.0	5.0	5.0
686		Pix2			1			5,064			
686		Pix3	1		2	5,785		5,857	10.0		10.0
686		Pix4									
687	Thoraco-Abdominal Injuries		483	382	865	4,449	4,395	4,425	4.7	5.1	4.9
687		Pix1	395	293	688	3,434	3,770	3,577	4.1	4.4	4.2
687		Pix2	44	40	84	5,599	5,445	5,525	8.0	7.8	7.9
687		Pix3	31	38	69	8,557	7,125	7,768	9.9	7.8	8.8
687		Pix4	30	14	44	21,426	16,503	19,859	14.1	13.1	13.8
688	Weight Bearing Injuries		262	241	503	2,242	2,264	2,253	3.1	2.8	2.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
688		Pix1	237	222	459	1,904	2,052	1,976	2.6	2.5	2.5
688		Pix2	11	13	24	8,655	9,173	8,936	13.3	16.1	14.8
688		Pix3	8	7	15	6,286	3,952	5,197	7.9	4.1	6.1
688		Pix4	7	2	9	19,075	20,302	19,347	19.9	30.5	22.2
689	Genito-Urinary Injuries		54	53	107	3,600	2,622	3,116	4.3	3.4	3.9
689		Pix1	42	42	84	2,968	1,938	2,453	3.5	2.8	3.2
689		Pix2	6	8	14	6,278	4,438	5,227	6.2	5.3	5.6
689		Pix3	4	4	8	5,136	8,837	6,986	5.8	9.8	7.8
689		Pix4		1	2		23,386	13,474		23.0	23.0
690	Crushing Injuries And Contusions		105	135	240	2,356	2,109	2,217	3.0	2.8	2.9
690		Pix1	94	122	216	2,237	1,872	2,031	2.9	2.5	2.7
690		Pix2	6	9	15	2,784	5,690	4,528	5.2	7.8	6.7
690		Pix3	7	4	11	5,686	6,845	6,107	8.0	13.3	9.9
690		Pix4	4	5	9	10,282	6,098	7,957	18.8	8.0	12.8
691	Minor Lower Extremity Fractures		8	6	14	2,013	1,431	1,764	2.4	1.2	1.9
691		Pix1	8	6	14	2,013	1,431	1,764	2.4	1.2	1.9
691		Pix2			1			3,088			
691		Pix3	1		1	2,110		2,110	5.0		5.0
691		Pix4									
692	Wounds		231	197	428	1,894	1,992	1,939	1.6	1.7	1.6
692		Pix1	221	189	410	1,901	1,986	1,940	1.6	1.7	1.6
692		Pix2	8	8	16	3,493	5,078	4,285	4.1	6.0	5.1
692		Pix3	4	6	10	897	3,463	2,437	1.5	4.7	3.4
692		Pix4	3		5	20,253		14,123	32.3		32.3
693	Amputations Or Vascular And Other Nerve Injuries		53	28	81	3,267	3,169	3,233	2.3	2.4	2.4
693		Pix1	50	27	77	2,899	3,240	3,019	2.3	2.5	2.3
693		Pix2	1		5	4,294		4,099	3.0		3.0
693		Pix3	1	1	2	2,387	1,238	1,813	1.0	1.0	1.0
693		Pix4	2		2	16,539		16,539	9.5		9.5
694	Facial Injuries		167	163	330	2,487	2,521	2,504	2.1	2.2	2.2

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
694		Ptx1	157	157	314	2,282	2,535	2,409	2.1	2.2	2.1
694		Ptx2	8	4	12	4,258	4,627	4,381	4.4	4.0	4.3
694		Ptx3	2	2	5	2,730	2,237	3,286	2.0	1.5	1.8
694		Ptx4	1	1	3	22,086	3,045	9,103	4.0	2.0	3.0
695	Other Cranial Injuries		204	279	483	1,957	1,713	1,816	1.7	1.8	1.7
695		Ptx1	186	260	446	1,867	1,545	1,679	1.7	1.7	1.7
695		Ptx2	11	17	28	3,806	4,624	4,302	3.4	4.9	4.3
695		Ptx3	13	13	26	5,530	4,505	5,017	4.1	3.8	3.9
695		Ptx4	10	5	15	24,932	11,012	20,292	12.0	4.4	9.5
696	Upper Extremity Fractures		232	227	459	1,820	1,814	1,817	1.6	1.6	1.6
696		Ptx1	225	220	445	1,809	1,789	1,799	1.6	1.6	1.6
696		Ptx2	17	13	30	6,898	5,582	6,328	8.2	8.4	8.3
696		Ptx3	3	3	6	8,536	4,901	6,718	8.7	9.7	9.2
696		Ptx4	5	2	7	17,128	21,897	18,490	24.8	35.0	27.7
700	PWS - Bone Marrow Transplant		134	121	255	46,067	43,587	44,890	28.7	28.2	28.5
700		Ptx1	8	7	15	25,906	23,239	24,661	19.8	16.6	18.3
700		Ptx2	7	9	16	41,325	42,478	41,974	28.3	28.8	28.6
700		Ptx3	8	9	17	51,130	28,971	39,399	30.1	19.4	24.5
700		Ptx4	112	95	207	47,463	46,321	46,939	29.6	29.5	29.6
701	Splenectomy		48	42	90	6,852	7,392	7,104	5.1	5.0	5.0
701		Ptx1	38	32	70	6,437	6,337	6,391	4.8	4.0	4.5
701		Ptx2	6	3	9	6,846	5,272	6,321	5.0	3.0	4.3
701		Ptx3	4	6	10	10,805	17,253	14,674	7.3	15.8	12.4
701		Ptx4	2	3	5	83,611	25,543	48,770	61.0	22.0	37.6
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		71	61	132	6,495	4,665	5,649	4.6	3.9	4.3
703		Ptx1	54	51	105	4,708	3,907	4,319	3.2	3.2	3.2
703		Ptx2	9	5	14	10,358	8,361	9,645	12.0	5.6	9.7
703		Ptx3	6	3	9	11,455	7,606	10,172	7.8	6.7	7.4
703		Ptx4	9	2	11	44,818	21,186	40,521	23.0	14.5	21.5
704	Red Blood Cell Disorders		424	326	750	4,298	4,329	4,312	5.7	5.6	5.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
704		Plx1	248	193	441	3,288	3,642	3,443	4.5	4.6	4.5
704		Plx2	93	68	161	4,338	4,114	4,244	6.7	5.7	6.2
704		Plx3	52	45	97	6,009	5,473	5,760	7.3	6.9	7.1
704		Plx4	32	16	48	16,410	16,047	16,289	13.8	12.8	13.5
709	Coagulation Disorders		175	150	325	3,184	2,863	3,036	3.8	3.3	3.6
709		Plx1	136	103	239	2,622	2,377	2,516	3.2	2.7	3.0
709		Plx2	22	26	48	4,041	3,271	3,624	4.9	3.7	4.3
709		Plx3	9	16	25	6,872	5,531	6,013	7.6	6.6	7.0
709		Plx4	12	8	20	12,975	11,426	12,356	15.1	10.8	13.4
710	Reticuloendothelial And Immunity Disorders		326	261	587	4,783	4,855	4,815	4.9	5.1	5.0
710		Plx1	181	142	323	3,823	3,871	3,844	4.3	4.5	4.4
710		Plx2	28	24	52	5,546	5,543	5,545	7.0	6.7	6.9
710		Plx3	90	71	161	5,720	5,235	5,506	5.3	5.1	5.2
710		Plx4	36	30	66	9,880	12,153	10,913	9.6	9.8	9.7
725	Major Leukemia And Lymphoma Procedures		163	122	285	8,428	9,817	9,023	6.3	7.9	7.0
725		Plx1	115	90	205	5,817	7,308	6,472	4.3	5.5	4.8
725		Plx2	13	14	27	8,395	11,171	9,834	8.8	9.3	9.1
725		Plx3	13	9	22	14,766	21,572	17,551	15.2	25.0	19.2
725		Plx4	39	16	55	36,166	39,584	37,160	29.1	31.8	29.9
726	Acute Leukemia Without Major Procedures		162	172	334	22,103	21,129	21,602	19.6	18.4	19.0
726		Plx1	35	53	88	7,439	7,013	7,182	6.2	6.7	6.5
726		Plx2	18	13	31	13,142	15,660	14,198	11.5	19.2	14.7
726		Plx3	25	25	50	17,854	20,737	19,296	18.1	19.0	18.5
726		Plx4	82	79	161	32,486	37,481	34,937	27.5	28.2	27.9
728	Lymphoma And Chronic Leukemia With Other Procedures		110	105	215	10,486	10,506	10,496	10.2	11.0	10.6
728		Plx1	69	70	139	6,546	6,545	6,545	5.9	7.1	6.5
728		Plx2	16	12	28	13,711	10,660	12,403	16.3	14.7	15.6
728		Plx3	11	7	18	12,723	16,822	14,317	14.1	16.7	15.1
728		Plx4	19	19	38	33,551	40,649	37,100	33.9	33.1	33.5
730	Lymphoma And Chronic Leukemia		301	314	615	9,145	10,781	9,980	11.6	11.8	11.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
730		Ptx1	114	109	223	5,065	5,911	5,478	6.8	7.0	6.9
730		Ptx2	49	49	98	6,867	6,127	6,497	10.3	8.3	9.3
730		Ptx3	46	59	105	8,643	11,484	10,239	10.5	13.3	12.1
730		Ptx4	88	100	188	16,580	18,914	17,822	18.4	19.4	18.9
733	Major Ill-Defined Neoplasm Procedures		66	68	134	10,800	15,206	13,036	10.5	13.0	11.8
733		Ptx1	40	27	67	7,755	9,604	8,500	6.9	7.8	7.3
733		Ptx2	13	15	28	12,663	12,682	12,673	12.2	11.1	11.6
733		Ptx3	8	10	18	24,237	16,930	20,177	24.6	15.5	19.6
733		Ptx4	9	16	25	36,036	26,026	29,630	40.7	24.4	30.3
734	Ill-Defined Neoplasm With Other Procedures		56	48	104	8,209	11,365	9,666	8.2	11.4	9.7
734		Ptx1	42	27	69	5,562	6,112	5,777	4.1	5.4	4.6
734		Ptx2	4	5	9	9,123	10,586	9,936	10.8	15.6	13.4
734		Ptx3	2	7	9	14,464	14,297	14,334	16.0	14.9	15.1
734		Ptx4	8	8	16	25,390	26,393	25,891	32.0	23.5	27.8
735	PWS - Radiation Therapy		120	124	244	10,437	8,845	9,628	13.3	12.7	13.0
735		Ptx1	70	57	127	8,457	6,397	7,532	11.0	9.1	10.1
735		Ptx2	23	33	56	10,634	8,261	9,235	12.5	12.2	12.3
735		Ptx3	13	18	31	16,673	11,953	13,932	20.7	18.7	19.5
735		Ptx4	15	15	30	20,668	15,279	17,973	24.9	19.9	22.4
736	Chemotherapy		619	578	1,197	4,130	4,212	4,169	3.2	3.4	3.3
736		Ptx1	572	490	1,062	3,970	3,901	3,938	3.1	3.2	3.2
736		Ptx2	20	41	61	5,070	5,340	5,252	3.5	3.8	3.7
736		Ptx3	19	38	57	8,570	6,985	7,514	8.7	6.3	7.1
736		Ptx4	30	19	49	15,897	17,343	16,458	18.3	19.2	18.6
737	Other Poorly Differentiated Neoplastic Diagnoses		113	85	198	7,698	7,720	7,708	11.3	11.9	11.5
737		Ptx1	50	37	87	4,398	4,939	4,628	7.7	8.5	8.0
737		Ptx2	29	21	50	8,349	8,611	8,459	13.0	12.4	12.7
737		Ptx3	17	14	31	13,583	8,903	11,470	16.9	16.3	16.6
737		Ptx4	17	12	29	11,098	11,244	11,158	13.8	13.7	13.7
750	Multisystemic Or Unspecified Site Infections With Surgery		318	225	543	18,419	16,116	17,464	14.8	12.6	13.9

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
750		Plx1	141	107	248	6,919	6,949	6,932	7.4	7.9	7.6
750		Plx2	47	25	72	13,326	12,512	13,043	14.2	13.2	13.8
750		Plx3	39	37	76	13,097	14,933	13,991	12.9	14.3	13.6
750		Plx4	109	70	179	54,017	54,989	54,397	38.9	33.2	36.7
751	Septicemia		447	334	781	6,627	5,722	6,240	6.7	5.9	6.4
751		Plx1	184	162	346	3,654	3,645	3,650	5.1	4.8	5.0
751		Plx2	83	57	140	5,047	4,859	4,971	6.7	6.4	6.6
751		Plx3	73	50	123	6,795	5,310	6,191	8.2	5.6	7.2
751		Plx4	121	67	188	15,631	12,662	14,573	10.9	9.1	10.2
756	Post-Operative And Post-Traumatic Infections		289	286	575	3,039	3,490	3,263	4.8	5.3	5.0
756		Plx1	236	205	441	2,728	2,842	2,781	4.5	4.7	4.6
756		Plx2	32	44	76	4,800	5,117	4,984	7.0	7.0	7.0
756		Plx3	18	26	44	4,599	4,414	4,490	6.8	6.3	6.5
756		Plx4	10	19	29	9,379	13,578	12,130	10.7	12.8	12.1
757	Viral Illness		210	255	465	2,586	2,174	2,360	3.1	3.0	3.1
757		Plx1	163	194	357	2,480	1,891	2,160	2.9	2.8	2.8
757		Plx2	19	22	41	2,730	2,418	2,562	3.7	3.5	3.6
757		Plx3	25	31	56	3,035	2,500	2,739	4.3	3.5	3.9
757		Plx4	9	15	24	11,404	12,903	12,341	12.0	12.4	12.3
761	Fever Of Unknown Origin		160	165	325	2,559	2,559	2,559	3.2	3.4	3.3
761		Plx1	134	129	263	2,371	2,385	2,378	2.9	3.3	3.1
761		Plx2	17	20	37	3,503	2,942	3,200	4.2	4.3	4.2
761		Plx3	7	16	23	4,569	5,121	4,953	7.1	6.3	6.5
761		Plx4	6	7	13	8,892	7,923	8,370	13.2	11.1	12.1
763	Other Infectious Diagnoses		75	62	137	4,776	3,927	4,392	5.2	4.9	5.1
763		Plx1	46	38	84	2,947	2,575	2,779	4.1	3.6	3.9
763		Plx2	10	6	16	4,895	6,788	5,605	6.9	8.2	7.4
763		Plx3	9	12	21	5,051	5,343	5,218	4.2	7.1	5.9
763		Plx4	11	10	21	20,570	35,476	27,668	17.4	20.3	18.8
764	Depressive Mood Disorders With ECT		297	212	509	17,418	15,609	16,664	40.7	39.9	40.3

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
764		Plx9	297	212	509	17,418	15,609	16,664	40.7	39.9	40.3
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		332	278	610	12,687	10,643	11,755	27.9	26.5	27.3
765		Plx9	332	278	610	12,687	10,643	11,755	27.9	26.5	27.3
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		901	713	1,614	7,642	7,379	7,526	19.7	19.4	19.6
766		Plx9	901	713	1,614	7,642	7,379	7,526	19.7	19.4	19.6
767	Depressive Mood Disorders LOS < 6 Days		259	204	463	1,620	1,383	1,516	3.0	3.0	3.0
767		Plx9	259	204	463	1,620	1,383	1,516	3.0	3.0	3.0
768	Bipolar Mood Disorders, Manic With ECT		25	23	48	16,388	15,463	15,945	38.3	33.9	36.2
768		Plx9	25	23	48	16,388	15,463	15,945	38.3	33.9	36.2
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		93	61	154	12,039	10,493	11,427	26.3	25.4	25.9
769		Plx9	93	61	154	12,039	10,493	11,427	26.3	25.4	25.9
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		476	415	891	9,252	8,448	8,877	21.9	21.1	21.5
770		Plx9	476	415	891	9,252	8,448	8,877	21.9	21.1	21.5
771	Bipolar Mood Disorders LOS < 6 Days		82	41	123	1,678	1,321	1,559	3.1	3.0	3.1
771		Plx9	82	41	123	1,678	1,321	1,559	3.1	3.0	3.1
772	Dementia With Or Without Delirium With Axis III Diagnosis		250	164	414	23,537	15,641	20,409	45.6	36.7	42.1
772		Plx9	250	164	414	23,537	15,641	20,409	45.6	36.7	42.1
773	Dementia With Or Without Delirium Without Axis III Diagnosis		126	100	226	15,747	11,919	14,053	32.8	30.9	31.9
773		Plx9	126	100	226	15,747	11,919	14,053	32.8	30.9	31.9
774	Organic Mental Disorders Induced By Drugs		215	107	322	4,758	4,493	4,670	9.5	10.6	9.9
774		Plx9	215	107	322	4,758	4,493	4,670	9.5	10.6	9.9
775	Schizophrenia And Other Psychotic Disorders With ECT		24	22	46	25,842	19,676	22,893	56.0	44.8	50.7
775		Plx9	24	22	46	25,842	19,676	22,893	56.0	44.8	50.7
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		206	183	389	12,912	13,333	13,110	29.8	30.9	30.3
776		Plx9	206	183	389	12,912	13,333	13,110	29.8	30.9	30.3
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		970	729	1,699	9,968	9,498	9,767	23.8	24.2	24.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
777		Plx9	970	729	1,699	9,968	9,498	9,767	23.8	24.2	24.0
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		169	101	270	1,980	1,577	1,829	3.2	3.3	3.2
778		Plx9	169	101	270	1,980	1,577	1,829	3.2	3.3	3.2
779	Dissociative Disorders		48	41	89	3,643	2,989	3,342	6.2	5.4	5.8
779		Plx9	48	41	89	3,643	2,989	3,342	6.2	5.4	5.8
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		138	96	234	4,907	6,019	5,363	7.7	9.0	8.2
780		Plx9	138	96	234	4,907	6,019	5,363	7.7	9.0	8.2
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		139	71	210	2,605	2,525	2,578	4.7	4.6	4.6
781		Plx9	139	71	210	2,605	2,525	2,578	4.7	4.6	4.6
783	Psychoactive Substance Dependence		277	269	546	3,571	3,603	3,586	7.0	8.0	7.5
783		Plx9	277	269	546	3,571	3,603	3,586	7.0	8.0	7.5
784	Psychoactive Substance Abuse		137	103	240	2,544	2,268	2,426	4.6	5.6	5.0
784		Plx9	137	103	240	2,544	2,268	2,426	4.6	5.6	5.0
785	Developmental Delay		47	30	77	20,047	19,543	19,850	31.1	36.0	33.0
785		Plx9	47	30	77	20,047	19,543	19,850	31.1	36.0	33.0
786	Disruptive Behaviour Disorders		213	116	329	10,350	11,394	10,718	17.3	15.4	16.6
786		Plx9	213	116	329	10,350	11,394	10,718	17.3	15.4	16.6
787	Eating Disorders		103	79	182	15,417	17,787	16,446	32.3	33.8	32.9
787		Plx9	103	79	182	15,417	17,787	16,446	32.3	33.8	32.9
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		273	228	501	15,488	13,206	14,449	28.1	26.8	27.5
788		Plx9	273	228	501	15,488	13,206	14,449	28.1	26.8	27.5
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		186	166	352	11,073	8,988	10,090	22.6	20.9	21.8
789		Plx9	186	166	352	11,073	8,988	10,090	22.6	20.9	21.8
790	Somatoform Disorders		37	29	66	3,202	3,172	3,189	6.4	6.0	6.2
790		Plx9	37	29	66	3,202	3,172	3,189	6.4	6.0	6.2
791	Anxiety Disorders (MNRH)		144	91	235	5,104	4,783	4,980	10.0	9.9	9.9
791		Plx9	144	91	235	5,104	4,783	4,980	10.0	9.9	9.9
792	Adjustment Disorders (MNRH)		1,019	408	1,427	2,693	3,431	2,904	4.7	8.2	5.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
792		Plx9	1,019	408	1,427	2,693	3,431	2,904	4.7	8.2	5.7
793	Personality Disorders With Axis III Diagnosis (MNRH)		38	17	55	8,380	6,008	7,647	16.4	12.4	15.1
793		Plx9	38	17	55	8,380	6,008	7,647	16.4	12.4	15.1
794	Personality Disorders Without Axis III Diagnosis (MNRH)		130	70	200	3,916	3,595	3,804	8.3	8.4	8.3
794		Plx9	130	70	200	3,916	3,595	3,804	8.3	8.4	8.3
795	Sexual Dysfunction And Sexual Disorders (MNRH)		5	3	8	4,692	5,644	5,049	7.4	21.0	12.5
795		Plx9	5	3	8	4,692	5,644	5,049	7.4	21.0	12.5
796	Specific Developmental Disorders (MNRH)		8	4	12	9,087	5,102	7,759	19.8	6.0	15.2
796		Plx9	8	4	12	9,087	5,102	7,759	19.8	6.0	15.2
797	Miscellaneous Psychiatric Diagnoses (MNRH)		29	21	50	3,061	9,296	5,679	6.4	14.3	9.8
797		Plx9	29	21	50	3,061	9,296	5,679	6.4	14.3	9.8
803	Extensive Procedures For Injury Or Complication Of Treatment		317	210	527	13,054	15,508	14,032	10.1	11.5	10.7
803		Plx1	149	108	257	9,856	10,951	10,316	7.7	8.3	7.9
803		Plx2	66	40	106	12,544	15,952	13,830	11.2	10.5	11.0
803		Plx3	49	26	75	12,828	16,885	14,234	9.9	13.7	11.2
803		Plx4	68	43	111	32,828	49,397	39,246	27.4	32.4	29.4
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		641	410	1,051	5,253	5,901	5,506	4.1	4.8	4.4
804		Plx1	493	296	789	3,904	4,143	3,994	3.0	3.2	3.0
804		Plx2	64	48	112	7,618	8,623	8,049	6.9	7.0	6.9
804		Plx3	41	34	75	10,361	9,410	9,930	8.7	8.6	8.7
804		Plx4	66	38	104	25,086	29,058	26,537	19.7	23.9	21.2
805	MNRH Procedures For Injury Or Complication Of Treatment		58	52	110	2,387	2,448	2,416	2.0	2.1	2.0
805		Plx1	52	48	100	2,292	2,255	2,274	1.9	1.9	1.9
805		Plx2	3	4	7	2,427	4,764	3,762	1.3	3.8	2.7
805		Plx3	2	1	5	5,129	8,843	5,495	5.0	8.0	6.0
805		Plx4	3	1	5	22,012	24,466	23,697	12.7	20.0	14.5
811	Allergic Reaction		36	41	77	1,873	1,622	1,740	1.6	1.8	1.7
811		Plx1	34	36	70	1,666	1,465	1,563	1.5	1.8	1.6
811		Plx2	2	3	5	6,910	3,272	4,727	8.0	3.3	5.2

Prepared by: Health Funding and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
811		Pix3		1	5		617	8,491		1.0	1.0
811		Pix4	3	4	7	21,053	14,360	17,229	13.3	10.8	11.9
813	Drug Reactions		683	600	1,283	2,430	2,186	2,316	2.4	2.3	2.3
813		Pix1	525	468	993	1,953	1,731	1,849	2.2	2.1	2.1
813		Pix2	68	35	103	3,284	2,807	3,122	4.6	3.5	4.3
813		Pix3	90	78	168	4,392	4,661	4,517	4.8	3.8	4.3
813		Pix4	61	54	115	11,337	9,325	10,392	8.1	6.9	7.5
818	Complications Of Treatment		964	803	1,767	3,591	3,561	3,577	4.0	4.3	4.1
818		Pix1	724	564	1,288	2,746	2,650	2,704	3.3	3.3	3.3
818		Pix2	105	100	205	4,097	4,853	4,466	4.9	5.8	5.3
818		Pix3	86	93	179	7,334	6,222	6,756	8.0	7.2	7.6
818		Pix4	66	64	130	12,857	12,884	12,870	12.0	12.9	12.4
823	Minor Injuries And Trauma Diagnosis		148	132	280	3,346	2,332	2,868	2.3	1.9	2.2
823		Pix1	120	115	235	2,311	1,830	2,075	2.1	1.8	1.9
823		Pix2	12	4	16	6,735	2,285	5,623	7.2	4.0	6.4
823		Pix3	9	7	16	8,711	4,254	6,761	5.1	2.1	3.8
823		Pix4	17	9	26	11,668	14,564	12,670	4.9	5.9	5.3
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		30	15	45	91,351	88,174	90,292	37.1	45.7	39.9
830		Pix1	6	3	9	25,147	25,106	25,133	18.2	21.7	19.3
830		Pix2	5	1	6	23,156	84,247	33,338	16.6	44.0	21.2
830		Pix3	4	2	6	79,856	32,340	64,017	44.8	21.5	37.0
830		Pix4	14	9	23	143,941	122,040	135,371	47.9	59.2	52.3
831	Extensive Burns Without Burn Procedures		4	2	6	2,090	1,592	1,924	1.0	2.5	1.5
831		Pix1	3	2	5	2,354	1,592	2,049	1.0	2.5	1.6
831		Pix2	1		1	1,299		1,299	1.0		1.0
831		Pix3									
831		Pix4									
832	PWS - Non-Extensive Burns With Skin Graft		107	112	219	16,509	15,065	15,771	13.5	12.3	12.9
832		Pix1	80	92	172	11,743	10,889	11,286	10.5	10.0	10.2
832		Pix2	12	6	18	23,087	24,712	23,629	17.4	24.3	19.7

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
832		Ptx3	8	5	13	32,448	31,944	32,254	24.3	20.4	22.8
832		Ptx4	7	11	18	49,506	53,065	51,681	29.7	28.9	29.2
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		12	11	23	8,231	8,099	8,168	9.2	11.6	10.3
833		Ptx1	10	9	19	6,110	7,796	6,909	6.8	12.0	9.3
833		Ptx2	2	1	4	18,835	14,402	14,601	21.0	14.0	18.7
833		Ptx3									
833		Ptx4		1	2		4,522	24,235		6.0	6.0
834	Non-Extensive Burns Without Burn Procedures		96	84	180	4,455	3,600	4,056	4.7	4.4	4.5
834		Ptx1	81	79	160	3,641	3,463	3,553	4.2	4.2	4.2
834		Ptx2	7	3	10	4,509	5,469	4,797	7.3	7.7	7.4
834		Ptx3	4	2	6	5,788	6,207	5,928	6.5	7.0	6.7
834		Ptx4	4	1	5	20,796	61,071	28,851	13.3	61.0	22.8
840	Other Admissions With Surgery		286	256	542	34,291	34,801	34,532	41.7	54.6	47.8
840		Ptx1	132	87	219	8,299	9,267	8,683	9.2	12.9	10.7
840		Ptx2	29	53	82	38,609	25,257	29,979	51.4	58.3	55.8
840		Ptx3	32	29	61	40,382	32,905	36,828	56.6	64.5	60.3
840		Ptx4	91	82	173	74,632	75,264	74,931	87.8	97.1	92.2
841	Rehabilitation		1,681	1,848	3,529	18,694	19,314	19,019	35.9	36.9	36.4
841		Ptx1	952	774	1,726	15,464	14,970	15,242	30.4	29.0	29.8
841		Ptx2	342	464	806	22,173	19,752	20,779	41.2	38.6	39.7
841		Ptx3	218	318	536	22,457	23,033	22,799	43.8	44.9	44.5
841		Ptx4	180	312	492	29,320	29,018	29,128	53.6	52.0	52.6
842	Signs And Symptoms		202	136	338	4,194	3,175	3,784	7.2	5.7	6.6
842		Ptx1	132	102	234	3,175	2,823	3,022	5.5	5.0	5.3
842		Ptx2	41	21	62	6,541	4,247	5,764	11.5	9.4	10.8
842		Ptx3	24	13	37	5,640	6,259	5,857	9.5	11.5	10.2
842		Ptx4	10	3	13	17,819	6,189	15,136	26.5	8.7	22.4
846	Aftercare Following Surgery Or Treatment		1,397	989	2,386	1,387	1,315	1,357	1.6	1.5	1.5
846		Ptx1	1,355	972	2,327	1,350	1,296	1,327	1.5	1.5	1.5
846		Ptx2	35	13	48	3,362	1,969	2,985	3.1	1.9	2.8

Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
846		Plx3	12	7	19	8,163	8,301	8,214	13.9	11.0	12.8
846		Plx4	4	4	8	11,061	9,088	10,074	10.5	9.5	10.0
847	Other Specified Aftercare		517	296	813	9,680	5,629	8,205	13.3	10.0	12.1
847		Plx1	432	209	641	9,703	4,589	8,035	13.2	8.1	11.5
847		Plx2	37	44	81	8,387	7,021	7,645	13.6	12.6	13.1
847		Plx3	30	25	55	10,859	10,245	10,580	16.8	19.4	17.9
847		Plx4	21	18	39	17,103	7,887	12,849	20.5	13.5	17.3
849	Multiple Or Unspecified Congenital Anomalies		2	3	5	60,277	1,893	25,246	22.0	1.3	9.6
849		Plx1		1	5		1,004	2,392		1.0	1.0
849		Plx2		2	2		2,337	2,337		1.5	1.5
849		Plx3	1		2	9,730		11,765	8.0		8.0
849		Plx4	1		3	110,823		69,303	36.0		36.0
850	Perinatal Conditions Age > 28 Days		71	47	118	22,529	15,656	19,791	20.0	19.9	19.9
850		Plx1	40	31	71	14,077	13,888	13,995	16.9	18.1	17.4
850		Plx2	11	9	20	18,874	12,417	15,968	19.1	15.1	17.3
850		Plx3	6	5	11	31,729	28,454	30,240	32.8	37.8	35.1
850		Plx4	15	2	17	50,887	25,639	47,917	27.7	24.5	27.3
851	Other Factors Causing Hospitalization		195	186	381	3,338	3,684	3,507	6.0	7.9	6.9
851		Plx1	178	147	325	3,058	2,973	3,020	5.4	6.9	6.1
851		Plx2	6	26	32	6,433	7,241	7,089	12.7	12.0	12.1
851		Plx3	6	9	15	6,576	4,286	5,202	15.5	14.4	14.9
851		Plx4	6	6	12	9,281	7,498	8,390	14.3	22.3	18.3
852	Procedures Cancelled (MNRH)		470	315	785	665	626	650	1.0	1.0	1.0
852		Plx1	444	308	752	642	627	636	1.0	1.0	1.0
852		Plx2	21	6	27	926	536	839	1.0	1.0	1.0
852		Plx3	4	1	5	1,178	921	1,126	1.0	1.0	1.0
852		Plx4	2		5	2,633		1,473	1.5		1.5
860	Respiratory Tract Disorders With HIV		29	22	51	5,771	14,665	9,608	7.8	10.6	9.0
860		Plx9	29	22	51	5,771	14,665	9,608	7.8	10.6	9.0
861	CNS Infection With HIV		2	6	8	9,547	3,455	4,978	12.5	4.7	6.6

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
861		Pix9	2	6	8	9,547	3,455	4,978	12.5	4.7	6.6
862	GI And Hepatobiliary Disorders With HIV		11	5	16	3,613	6,888	4,636	6.0	11.0	7.6
862		Pix9	11	5	16	3,613	6,888	4,636	6.0	11.0	7.6
863	Ophthalmic Disorders With HIV		3	1	5	13,886	9,110	18,612	15.7	19.0	16.5
863		Pix9	3	1	5	13,886	9,110	11,305	15.7	19.0	16.5
864	Blood Infections With HIV			1	5		1,826	2,374		1.0	1.0
864		Pix9		1	5		1,826	2,374		1.0	1.0
865	Lymphoma With HIV		2	4	6	31,914	15,566	21,016	41.0	13.8	22.8
865		Pix9	2	4	6	31,914	15,566	21,016	41.0	13.8	22.8
866	Psychosocial Conditions With HIV		1	10	11	19,093	6,004	7,194	21.0	9.6	10.6
866		Pix9	1	10	11	19,093	6,004	7,194	21.0	9.6	10.6
867	Other Conditions Associated With HIV		2	2	5	8,145	7,662	7,090	11.0	13.0	12.0
867		Pix9	2	2	5	8,145	7,662	6,835	11.0	13.0	12.0
868	Miscellaneous Conditions With HIV		10	21	31	4,895	4,325	4,509	7.1	5.2	5.8
868		Pix9	10	21	31	4,895	4,325	4,509	7.1	5.2	5.8
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		22	10	32	31,237	26,454	29,742	36.2	38.5	36.9
880		Pix1	3	1	5	12,223	23,265	15,603	13.7	60.0	25.3
880		Pix2	3	2	5	27,373	31,886	29,178	28.3	43.0	34.2
880		Pix3	3	2	5	29,379	26,211	28,112	33.7	31.0	32.6
880		Pix4	13	5	18	36,945	25,016	33,632	43.8	35.4	41.4
881	Amputation Of Lower Limb Except Toe		181	77	258	17,739	17,138	17,559	21.4	20.5	21.1
881		Pix1	62	24	86	11,164	11,034	11,128	14.7	15.3	14.9
881		Pix2	39	15	54	11,352	10,417	11,093	13.7	12.5	13.4
881		Pix3	28	9	37	22,839	11,058	19,973	28.6	14.9	25.2
881		Pix4	55	30	85	31,441	31,414	31,432	38.0	37.4	37.8
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		33	17	50	20,744	20,887	20,793	19.1	20.0	19.4
882		Pix1	10	2	12	10,576	17,880	11,793	10.2	18.0	11.5
882		Pix2	5	2	7	8,639	14,181	10,222	7.8	19.0	11.0
882		Pix3	6	4	10	17,071	20,363	18,388	16.0	21.5	18.2

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
882		Pix4	11	8	19	38,291	23,129	31,907	37.5	18.3	29.4
883	Wound Debridement And Grafting Other Than Hand		81	66	147	12,546	12,419	12,489	16.5	17.9	17.1
883		Pix1	28	17	45	7,184	7,731	7,391	9.6	13.4	11.0
883		Pix2	18	26	44	9,178	9,654	9,459	12.8	14.5	13.8
883		Pix3	18	12	30	15,187	15,256	15,215	21.4	21.8	21.6
883		Pix4	15	13	28	20,451	33,241	26,389	23.5	41.4	31.8
884	Other Amputations Including Toe		42	15	57	6,318	7,549	6,642	8.1	10.1	8.6
884		Pix1	28	8	36	4,001	4,713	4,159	5.6	6.3	5.8
884		Pix2	4	2	6	14,946	4,272	11,388	14.3	7.0	11.8
884		Pix3	6	5	11	5,104	14,822	9,521	6.0	24.0	14.2
884		Pix4	3	1	5	13,840	15,238	19,883	16.7	16.0	16.5
885	PWS - Aortic Replacement		293	132	425	15,950	15,444	15,793	10.8	11.4	11.0
885		Pix1	95	34	129	10,741	8,657	10,192	8.2	6.9	7.9
885		Pix2	44	23	67	12,291	9,930	11,481	9.0	8.7	8.9
885		Pix3	46	19	65	14,195	15,726	14,642	10.3	14.5	11.5
885		Pix4	113	48	161	25,110	24,678	24,981	15.5	14.8	15.3
887	Vascular Bypass Surgery		351	97	448	11,575	11,204	11,495	8.2	9.2	8.4
887		Pix1	201	46	247	7,946	6,644	7,704	6.3	6.0	6.2
887		Pix2	45	19	64	11,851	11,373	11,709	9.1	11.3	9.7
887		Pix3	47	22	69	12,458	14,539	13,122	9.0	14.6	10.8
887		Pix4	64	16	80	26,830	25,758	26,616	16.6	16.4	16.5
890	Other Thoraco-Abdominal Procedures		53	36	89	13,221	13,109	13,176	9.6	10.8	10.1
890		Pix1	21	15	36	7,333	6,630	7,040	6.3	6.9	6.6
890		Pix2	3	5	8	20,252	4,788	10,587	9.7	5.0	6.8
890		Pix3	13	5	18	12,853	15,993	13,725	10.1	16.6	11.9
890		Pix4	15	10	25	18,985	25,886	21,745	12.9	15.5	14.0
891	Vascular Repair		177	104	281	10,822	10,906	10,853	6.5	9.0	7.4
891		Pix1	101	55	156	8,516	9,029	8,697	5.1	7.1	5.8
891		Pix2	33	22	55	8,922	9,271	9,062	6.3	9.0	7.4
891		Pix3	25	15	40	15,582	13,442	14,780	9.3	10.7	9.8

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
891		Pix4	20	11	31	23,155	22,358	22,872	12.8	17.4	14.4
892	Other Vascular Procedures		49	38	87	6,061	6,929	6,440	4.0	5.1	4.5
892		Pix1	36	24	60	5,637	6,294	5,899	3.5	4.1	3.8
892		Pix2	7	5	12	8,009	7,726	7,891	5.3	5.6	5.4
892		Pix3	4	3	7	7,854	8,507	8,134	5.5	7.0	6.1
892		Pix4	1	4	5	4,809	7,404	6,885	4.0	4.3	4.2
893	Vein Ligation And Stripping (MNRH)		26	35	61	1,841	1,579	1,691	1.0	1.0	1.0
893		Pix1	26	35	61	1,841	1,579	1,691	1.0	1.0	1.0
893		Pix2			3			1,749			
893		Pix3									
893		Pix4									
895	Deep Vein Thrombophlebitis		273	244	517	3,896	3,929	3,912	6.4	6.5	6.5
895		Pix1	177	148	325	3,332	3,208	3,275	5.8	5.7	5.8
895		Pix2	65	64	129	3,873	4,179	4,025	6.5	6.9	6.7
895		Pix3	26	22	48	5,959	6,626	6,264	9.8	9.8	9.8
895		Pix4	9	11	20	19,018	9,225	13,632	17.1	12.2	14.4
898	Peripheral Vascular Disease		230	182	412	4,108	3,580	3,875	5.4	5.1	5.3
898		Pix1	152	137	289	3,368	3,153	3,266	4.6	4.6	4.6
898		Pix2	48	28	76	6,117	4,034	5,349	8.2	6.3	7.5
898		Pix3	22	12	34	6,346	6,094	6,257	9.4	10.8	9.9
898		Pix4	15	8	23	9,712	9,818	9,749	11.7	11.8	11.7
900	Extensive Unrelated O.R. Procedures		216	138	354	22,676	25,238	23,674	18.6	23.1	20.4
900		Pix1	67	34	101	12,229	10,723	11,722	8.3	8.7	8.4
900		Pix2	26	16	42	13,768	18,426	15,542	12.7	15.3	13.7
900		Pix3	26	31	57	22,574	21,264	21,861	25.4	23.2	24.2
900		Pix4	100	55	155	35,840	44,218	38,812	29.5	35.5	31.6
901	Non-Extensive Unrelated O.R. Procedures		460	310	770	16,250	16,093	16,187	13.2	15.6	14.2
901		Pix1	226	152	378	6,425	6,848	6,595	5.8	5.9	5.8
901		Pix2	62	41	103	12,942	15,854	14,101	14.1	18.9	16.0
901		Pix3	53	39	92	15,972	14,875	15,507	17.5	21.2	19.0

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
901		Plx4	125	77	202	45,048	48,070	46,200	32.1	35.8	33.5
902	Post-Operative Complications With Unrelated O.R. Procedures		105	47	152	12,110	10,025	11,465	9.1	5.7	8.1
902		Plx1	46	34	80	6,468	4,425	5,600	4.4	2.9	3.8
902		Plx2	17	4	21	12,143	9,921	11,720	7.9	6.0	7.5
902		Plx3	12	3	15	12,895	10,344	12,385	10.7	13.3	11.2
902		Plx4	30	7	37	20,936	40,438	24,625	16.9	22.1	17.9
906	Unrelated O.R. Procedures (MNRH)		88	64	152	9,601	7,345	8,651	11.0	9.2	10.3
906		Plx1	53	46	99	6,142	5,388	5,791	7.5	6.7	7.1
906		Plx2	11	8	19	7,793	9,292	8,424	9.6	11.4	10.4
906		Plx3	15	6	21	14,023	12,908	13,704	16.9	18.5	17.4
906		Plx4	9	3	12	33,492	15,177	28,913	37.4	11.7	31.0
908	Other Major Procedures For Gynecological Malignancy		3	3	6	7,447	6,461	6,954	7.3	7.0	7.2
908		Plx1	2	2	5	4,849	4,393	4,464	4.5	4.0	4.3
908		Plx2			2			5,701			
908		Plx3			1			38,841			
908		Plx4									
909	Obsolete Psychiatric Diagnoses (MNRH)		204	156	360	3,734	3,542	3,650	8.7	9.3	9.0
909		Plx9	204	156	360	3,734	3,542	3,650	8.7	9.3	9.0
910	Diagnosis Not Generally Hospitalized		58	211	269	8,268	2,284	3,574	1.8	1.4	1.5
910		Plx9	58	211	269	8,268	2,284	3,574	1.8	1.4	1.5
912	Obstetric Codes Invalid As Most Responsible Diagnosis		3	1	5	1,872	4,642	2,300	3.0	4.0	3.3
912		Plx9	3	1	5	1,872	4,642	2,300	3.0	4.0	3.3
997	Stillbirths		1		5	136		1,309			
997		Plx9	1		5	136		1,549			
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		4	6	10	3,584	2,888	3,167	3.0	3.0	3.0
998		Plx9	4	6	10	3,584	2,888	3,167	3.0	3.0	3.0
999	Ungroupable Data		13	12	25	1,706	1,774	1,738	1.7	1.7	1.7
999		Plx9	13	12	25	1,706	1,774	1,738	1.7	1.7	1.7

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
001	PWS - Craniotomy Procedures		2.280161	1,087	1001	14,042	0.74	10,389	28
001		Plx1	1.680220	731	700	10,904	0.56	6,055	21
001		Plx2	2.240982	125	118	14,360	0.56	8,098	31
001		Plx3	3.116125	84	76	19,987	0.59	11,887	45
001		Plx4	6.070081	147	135	39,270	0.60	23,647	71
003	PWS - Spinal Procedures		1.499705	192	171	9,173	0.66	6,039	20
003		Plx1	1.178506	159	144	7,525	0.60	4,543	14
003		Plx2	2.271484	12	11	14,778	0.46	6,775	29
003		Plx3	2.705879	8	6	17,825	0.50	8,936	41
003		Plx4	6.319159	13	12	37,225	1.14	42,435	75
004	PWS - Extracranial Vascular Procedures		1.069807	437	391	5,840	0.45	2,642	11
004		Plx1	0.869812	363	325	5,086	0.34	1,711	8
004		Plx2	1.348298	28	22	7,450	0.40	2,996	20
004		Plx3	1.837865	33	28	11,372	0.62	7,075	32
004		Plx4	2.754157	13	12	15,675	0.60	9,461	39
005	PWS - Ventricular Shunt Revision		0.897932	126	113	5,651	0.65	3,671	10
005		Plx1	0.759422	116	100	5,057	0.40	2,013	7
005		Plx2	1.104314	4	4	7,416	0.44	3,268	11
005		Plx3	1.210679	3	3	8,261	0.48	3,927	11
005		Plx4	3.601505	3	2	24,621	0.68	16,802	23
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.914177	105	60	5,413	0.75	4,065	13
006		Plx1	0.777951	92	52	4,897	0.72	3,512	9
006		Plx2	0.929024	2	1	5,824	0.57	3,295	16
006		Plx3	2.115755	4	4	14,607	0.87	12,687	25
006		Plx4	5.617457	7	6	35,852	1.18	42,471	136
007	Peripheral, Cranial Nerve And Other Neurological Procedures		1.258786	66	46	7,226	1.18	8,537	32
007		Plx1	0.872540	46	35	5,355	0.54	2,902	16
007		Plx2	1.634745	10	7	10,107	0.79	8,023	51
007		Plx3	2.144810	7	2	12,851	0.65	8,350	39
007		Plx4	7.538262	3	2	45,939	0.72	33,261	170

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
010	Neoplasm Of Nervous System		1.177988	500	235	6,782	0.92	6,226	39
010		Plx1	0.857658	321	148	5,284	0.93	4,910	32
010		Plx2	1.368622	98	40	8,283	0.84	6,968	42
010		Plx3	1.453552	50	25	8,890	0.79	7,047	52
010		Plx4	2.011564	31	20	12,142	0.68	8,224	68
011	Degenerative Nervous Disorders		1.919640	438	179	9,565	1.22	11,622	76
011		Plx1	1.269603	319	116	6,981	1.02	7,114	60
011		Plx2	2.221482	55	22	12,026	1.01	12,175	106
011		Plx3	2.421485	37	24	13,305	0.91	12,172	126
011		Plx4	5.005179	27	19	27,454	0.97	26,552	187
012	Multiple Sclerosis And Cerebellar Disorders		0.969841	248	108	5,560	1.04	5,782	31
012		Plx1	0.673530	206	88	4,151	0.97	4,027	26
012		Plx2	1.956281	23	16	11,621	0.78	9,114	75
012		Plx3	2.624941	11	6	15,473	0.91	14,083	109
012		Plx4	4.872237	8	4	28,926	0.91	26,218	79
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.357436	2,726	1574	7,654	0.97	7,432	45
013		Plx1	0.857869	1,727	894	5,213	0.78	4,041	30
013		Plx2	1.646672	413	275	9,650	0.99	9,559	59
013		Plx3	1.751095	353	245	10,490	0.82	8,633	65
013		Plx4	2.953865	233	179	18,162	0.86	15,556	100
014	Transient Ischemic Attacks And Precerebral Occlusions		0.693603	1,149	454	3,958	0.82	3,226	17
014		Plx1	0.543154	952	353	3,268	0.74	2,406	14
014		Plx2	0.928996	119	63	5,634	0.68	3,849	30
014		Plx3	1.399929	53	38	8,660	0.74	6,375	46
014		Plx4	2.456704	25	15	14,735	0.71	10,427	78
015	Nonspecific Cerebrovascular Disorders		1.346144	125	69	7,526	1.17	8,809	38
015		Plx1	0.892889	84	40	5,430	0.92	5,008	29
015		Plx2	1.019840	19	13	5,725	0.77	4,418	44
015		Plx3	1.187197	10	8	6,881	0.98	6,724	49
015		Plx4	4.522446	12	8	28,582	0.80	22,956	86

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
017	Cranial And Peripheral Nerve Diseases		0.967876	394	166	5,434	0.93	5,029	29
017		Plx1	0.704421	303	125	4,249	0.85	3,591	23
017		Plx2	1.342841	52	21	7,991	0.83	6,644	43
017		Plx3	1.579427	23	14	9,599	0.79	7,590	71
017		Plx4	4.037774	16	8	24,586	0.79	19,480	102
018	Viral Meningitis		0.370251	182	96	2,065	0.71	1,456	8
018		Plx1	0.334763	171	91	1,987	0.66	1,313	8
018		Plx2	1.188991	6	4	7,309	0.68	4,965	22
018		Plx3	0.436092	4	2	2,848	0.66	1,868	17
018		Plx4	0.783296	1	1	4,838	0.88	4,255	25
019	Infection Except Viral Meningitis		1.504473	249	130	8,795	0.92	8,058	28
019		Plx1	0.949600	163	78	5,974	0.76	4,559	24
019		Plx2	1.580717	32	18	9,908	0.73	7,253	35
019		Plx3	2.082169	23	17	12,776	0.72	9,181	46
019		Plx4	3.485869	31	28	22,082	0.82	18,096	55
020	Hypertensive Encephalopathy		1.107308	13	4	6,512	0.83	5,405	23
020		Plx1	0.974734	5	1	5,585	0.84	4,672	15
020		Plx2	0.847388	6	2	4,582	0.66	3,019	25
020		Plx3							13
020		Plx4	1.798625	2	1	11,508	0.10	1,141	12
021	Non-Traumatic Stupor And Coma		0.725624	173	81	4,093	0.95	3,902	19
021		Plx1	0.519026	118	54	3,156	0.95	2,992	16
021		Plx2	1.280024	25	12	8,023	0.91	7,289	34
021		Plx3	1.143688	16	13	6,863	0.81	5,593	35
021		Plx4	1.059013	14	8	6,831	0.77	5,281	27
022	Seizure And Headache		0.471183	2,391	904	2,692	0.87	2,334	10
022		Plx1	0.403551	2,103	754	2,463	0.82	2,019	10
022		Plx2	0.552879	158	79	3,338	0.75	2,518	14
022		Plx3	0.722972	91	61	4,318	0.74	3,177	17
022		Plx4	2.186979	39	30	13,190	1.32	17,455	42

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
028	Other Nervous System Diagnoses		0.990863	507	264	5,590	1.08	6,041	26
028		Plx1	0.607620	366	180	3,692	1.02	3,784	23
028		Plx2	0.869577	50	21	5,321	0.80	4,258	28
028		Plx3	1.473894	40	25	8,723	0.64	5,615	35
028		Plx4	2.749288	51	39	16,510	0.72	11,888	51
040	Tracheostomy And Gastrostomy Procedures		11.969365	296	244	69,812	0.90	62,754	151
040		Plx1	3.631239	34	24	21,941	0.67	14,785	106
040		Plx2	5.744195	8	5	31,905	0.35	11,036	122
040		Plx3	4.806149	35	25	28,672	0.47	13,580	143
040		Plx4	13.741682	219	190	85,774	0.77	65,731	158
050	Orbital Procedures		0.342875	764	616	1,696	0.34	574	1
050		Plx1	0.324518	748	615	1,696	0.34	574	1
050		Plx2	0.647709	12	10	3,468	0.43	1,490	8
050		Plx3	0.747536	2	1	3,905	0.39	1,528	11
050		Plx4	4.832341	2	1	26,531	0.00	0	42
051	Other Intraocular Procedures		0.467343	135	111	2,257	0.54	1,217	4
051		Plx1	0.425111	130	107	2,216	0.54	1,204	4
051		Plx2	0.806726	4	4	4,472	0.74	3,321	10
051		Plx3	0.619019	1	1	3,201	0.28	911	3
051		Plx4							3
052	Retinal Procedures		0.426544	754	607	2,017	0.35	705	1
052		Plx1	0.386626	752	607	2,016	0.35	706	1
052		Plx2	1.026839	1	1	5,377	0.77	4,118	16
052		Plx3	1.422525	1	1	7,753	1.19	9,218	15
052		Plx4	0.690845			3,685	0.49	1,822	4
053	Iris And Lens Procedures		0.371149	14	13	1,786	0.64	1,141	4
053		Plx1	0.345268	14	13	1,786	0.64	1,141	4
053		Plx2							
053		Plx3							2
053		Plx4							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
054	Extraocular Procedures		0.358248	49	29	1,922	0.41	797	4
054		Plx1	0.334427	46	29	1,922	0.41	797	4
054		Plx2	0.513632	1		2,829	0.37	1,050	5
054		Plx3	1.835511	2	2	11,782	0.66	7,738	14
054		Plx4							56
055	Lens Insertion (MNRH)		0.514467	202	174	2,486	0.38	948	1
055		Plx1	0.474528	199	172	2,496	0.38	944	1
055		Plx2	0.658041	3	3	3,569	0.80	2,846	7
055		Plx3							1
055		Plx4	1.175562			7,143	0.00	0	2
057	Other Ophthalmic Procedures (MNRH)		0.284498	105	75	1,394	0.41	573	1
057		Plx1	0.256879	100	75	1,382	0.41	561	1
057		Plx2	0.723815	4	2	4,760	0.83	3,932	11
057		Plx3	1.204949	1		7,321	0.00	0	2
057		Plx4	2.750859			15,491	1.16	18,027	18
060	Major Eye Infections		0.497238	81	28	2,565	0.78	1,990	11
060		Plx1	0.458889	69	27	2,525	0.79	1,995	11
060		Plx2	0.751700	7	1	4,465	0.45	2,019	12
060		Plx3	1.643081	4	1	8,633	1.37	11,821	65
060		Plx4	1.273211	1		6,792	0.45	3,028	10
062	Hyphema		0.462293	18	4	2,251	0.62	1,396	10
062		Plx1	0.399169	18	4	2,070	0.66	1,375	9
062		Plx2							3
062		Plx3	0.595248			3,695	0.00	0	5
062		Plx4							
063	Other Ophthalmic Diagnoses (MNRH)		0.504702	197	109	2,928	1.12	3,288	13
063		Plx1	0.401023	180	95	2,475	0.93	2,304	10
063		Plx2	0.801305	11	8	4,712	0.80	3,761	14
063		Plx3	0.324070	5	2	1,900	0.54	1,030	9
063		Plx4	2.695660	1	1	16,585	0.74	12,263	33

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
075	PWS - Radical Laryngectomy And Glossectomy		4.900368	32	31	29,590	0.65	19,279	52
075		Plx1	3.292066	13	12	21,215	0.24	5,169	38
075		Plx2	4.612253	9	9	30,071	0.53	15,851	43
075		Plx3	4.018897	3	3	26,794	0.24	6,401	36
075		Plx4	8.848512	7	7	57,992	0.77	44,565	107
076	PWS - Major Head And Neck Procedures		3.251759	180	162	19,174	0.84	16,160	42
076		Plx1	1.997418	118	108	12,470	0.88	10,930	29
076		Plx2	4.557750	14	13	29,830	0.62	18,496	46
076		Plx3	4.152864	24	23	26,681	0.46	12,275	48
076		Plx4	7.657749	24	20	49,264	0.51	24,968	67
077	Less Extensive Head And Neck Procedures		0.493819	233	162	2,611	0.72	1,867	4
077		Plx1	0.451068	213	153	2,579	0.73	1,893	4
077		Plx2	1.235755	16	14	7,463	0.87	6,493	18
077		Plx3	1.909334	1		10,651	1.18	12,563	33
077		Plx4	4.189673	3	3	26,589	0.75	19,935	54
078	Cleft Lip And Palate Repair		0.610937	161	128	3,768	0.32	1,196	2
078		Plx1	0.575222	157	125	3,740	0.31	1,176	2
078		Plx2	0.850006	2	2	5,520	0.27	1,468	6
078		Plx3	0.857721	1	1	4,874	0.29	1,425	3
078		Plx4	0.570278	1	1	4,286	0.00	0	2
081	Salivary Gland Procedures		0.640224	171	119	3,327	0.36	1,182	4
081		Plx1	0.579453	162	113	3,238	0.34	1,096	4
081		Plx2	0.974689	7	6	5,453	0.27	1,461	6
081		Plx3	1.058756	2	2	5,993	0.35	2,110	19
081		Plx4	2.543416			15,454	0.00	0	14
082	Minor Ear, Nose And Throat Procedures		0.450148	31	14	2,393	0.80	1,915	6
082		Plx1	0.293897	28	14	1,726	0.54	936	4
082		Plx2	0.807528	2	1	4,966	0.84	4,173	18
082		Plx3	0.442519	1		2,352	0.00	0	7
082		Plx4	6.289974			38,218	0.00	0	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
083	Reconstructive ENT Procedures		1.008055	401	381	4,977	0.42	2,112	5
083		Plx1	0.906657	386	368	4,857	0.41	1,998	5
083		Plx2	1.499242	13	12	8,121	0.31	2,513	9
083		Plx3	1.926424	1	1	10,638	0.42	4,508	11
083		Plx4	1.479903	1	1	7,736	0.11	850	3
084	Miscellaneous Ear, Nose And Throat Procedures		0.413788	113	54	2,307	0.48	1,102	4
084		Plx1	0.378086	103	53	2,253	0.46	1,038	4
084		Plx2	1.680010	5	2	9,749	0.49	4,755	19
084		Plx3	1.249668	4	4	7,735	0.32	2,449	25
084		Plx4	5.225782	1	1	29,726	0.59	17,670	39
085	Mastoid Procedures		1.983642	156	128	12,248	1.11	13,642	4
085		Plx1	1.870466	152	125	12,246	1.12	13,668	4
085		Plx2	2.425270	4	4	16,674	1.03	17,117	9
085		Plx3							1
085		Plx4	5.277628			32,067	0.00	0	31
086	Other Tonsillar Procedures		0.538939	58	19	3,111	1.10	3,434	10
086		Plx1	0.460239	47	17	2,785	1.17	3,251	10
086		Plx2	0.412212	11	1	2,163	0.19	402	6
086		Plx3	1.177228			7,566	0.74	5,627	9
086		Plx4							
087	Sinus Procedures		0.366600	178	105	1,877	0.30	557	1
087		Plx1	0.348710	165	102	1,874	0.30	562	1
087		Plx2	0.838340	5	4	5,006	1.23	6,140	6
087		Plx3	0.756559	6	6	4,512	0.39	1,757	12
087		Plx4	4.186797	2		23,005	0.46	10,511	67
088	Ethmoidectomy (MNRH)		0.365726	103	33	1,868	0.37	687	1
088		Plx1	0.343247	102	32	1,869	0.37	692	1
088		Plx2	0.422550	1	1	2,230	0.21	459	5
088		Plx3	0.532324			3,074	0.46	1,427	2
088		Plx4							

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
089	Dental Extraction Or Restoration (MNRH)		0.406551	105	77	2,269	0.46	1,039	4
089		Plx1	0.377024	95	72	2,243	0.44	995	4
089		Plx2	0.436329	7	3	2,757	0.66	1,824	6
089		Plx3	0.671215	2	2	3,802	0.40	1,525	7
089		Plx4	2.309111	1	1	15,160	0.00	0	15
090	External And Middle Ear Procedures (MNRH)		0.327404	105	73	1,706	0.41	700	1
090		Plx1	0.312881	105	73	1,706	0.41	700	1
090		Plx2	0.389862			2,072	0.00	0	1
090		Plx3							
090		Plx4							
091	Nasal Procedures (MNRH)		0.348469	169	22	1,702	0.40	683	1
091		Plx1	0.323348	168	22	1,702	0.40	683	1
091		Plx2	0.379720	1		2,123	0.00	0	1
091		Plx3							
091		Plx4							
092	Myringotomy (MNRH)		0.517310	9	5	3,079	0.64	1,969	10
092		Plx1	0.322614	7	4	1,892	0.50	947	4
092		Plx2	0.655598	2	1	3,708	0.47	1,757	8
092		Plx3	0.650836			4,182	0.83	3,457	6
092		Plx4							
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.390191	1,430	177	2,038	0.58	1,184	1
093		Plx1	0.359789	1,420	176	2,025	0.58	1,179	1
093		Plx2	0.615884	8	1	3,683	0.55	2,028	7
093		Plx3	0.986178	2	2	5,788	0.67	3,881	6
093		Plx4	2.580760			14,262	0.84	11,993	22
100	ENT Malignancy		1.035467	87	48	5,553	1.03	5,696	38
100		Plx1	0.542932	52	33	3,167	0.87	2,768	23
100		Plx2	1.857628	16	9	9,748	0.47	4,623	42
100		Plx3	3.001490	10	4	19,690	0.96	18,970	43
100		Plx4	4.686869	9	4	29,894	0.93	27,726	128

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
101	Acute Suppurative Infections		0.550200	82	26	2,862	0.78	2,241	11
101		Plx1	0.489666	76	25	2,724	0.76	2,073	11
101		Plx2	0.661410	4		3,551	0.58	2,044	10
101		Plx3	0.817709	2	1	4,691	0.71	3,313	10
101		Plx4	0.783200			4,335	0.48	2,073	14
102	Dysequilibrium		0.424982	858	170	2,195	0.71	1,563	13
102		Plx1	0.356229	818	156	1,987	0.69	1,363	10
102		Plx2	0.733119	31	6	4,257	0.63	2,703	23
102		Plx3	0.555850	7	1	3,111	0.70	2,174	18
102		Plx4	0.456601	2	1	2,407	0.21	500	24
104	Influenza		0.431543	715	174	2,238	0.99	2,218	10
104		Plx1	0.363682	631	149	1,995	0.71	1,426	10
104		Plx2	0.436785	58	20	2,552	0.86	2,193	14
104		Plx3	0.526267	23	5	3,100	0.98	3,051	14
104		Plx4	1.403168	3	1	8,718	0.90	7,817	21
107	Epiglottitis		0.555825	30	16	2,978	0.84	2,508	8
107		Plx1	0.477878	28	15	2,776	0.81	2,239	7
107		Plx2	0.508178	1		2,919	0.05	154	7
107		Plx3							58
107		Plx4	2.855285	1		15,338	0.00	0	13
108	Epistaxis		0.361763	322	125	1,916	0.83	1,594	10
108		Plx1	0.281444	298	111	1,609	0.58	931	7
108		Plx2	0.642303	15	8	3,829	1.02	3,889	14
108		Plx3	0.698814	8	3	4,246	1.01	4,295	13
108		Plx4	1.284143	1		8,126	0.61	4,935	22
109	Other ENT Infections		0.480966	387	109	2,351	0.85	1,997	10
109		Plx1	0.381282	337	94	1,956	0.81	1,580	7
109		Plx2	0.675077	25	7	4,018	0.71	2,842	14
109		Plx3	0.428085	19	8	2,630	0.71	1,854	10
109		Plx4	1.786956	6		10,526	0.57	5,993	42

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
113	Sinusitis (MNRH)		0.437320	145	30	2,412	0.78	1,880	8
113		Plx1	0.395113	131	29	2,340	0.80	1,877	8
113		Plx2	0.468854	7	1	2,929	0.65	1,894	12
113		Plx3	0.449087	6		2,428	0.74	1,804	12
113		Plx4	0.460075	1		2,485	0.39	961	9
114	Sore Throat (MNRH)		0.313358	884	160	1,526	0.80	1,222	7
114		Plx1	0.274934	841	149	1,441	0.70	1,015	7
114		Plx2	0.529334	23	6	3,093	1.04	3,201	10
114		Plx3	0.439833	18	5	2,416	0.78	1,892	10
114		Plx4	1.741397	2	2	10,084	0.96	9,725	21
115	Miscellaneous ENT Diagnoses (MNRH)		0.176382	661	388	886	1.70	1,511	4
115		Plx1	0.142650	611	376	757	1.31	991	4
115		Plx2	0.645834	27	11	4,171	0.97	4,037	14
115		Plx3	0.994203	15	11	6,139	0.64	3,959	20
115		Plx4	2.073192	8	5	12,678	0.75	9,524	55
116	Croup (MNRH)		0.269224	629	184	1,470	1.44	2,122	4
116		Plx1	0.245659	616	180	1,455	1.48	2,151	4
116		Plx2	0.459990	8	4	2,010	0.56	1,130	7
116		Plx3	0.692760	3	1	3,907	0.98	3,820	7
116		Plx4	2.167383	2	2	14,209	0.99	14,068	11
125	Tracheostomy		18.665319	133	102	103,713	0.84	87,202	168
125		Plx1	2.385765	3	3	13,788	0.96	13,264	59
125		Plx2	11.284618	1	1	62,060	0.74	45,840	164
125		Plx3	5.577766	3	2	30,137	0.89	26,694	93
125		Plx4	18.704508	126	96	111,609	0.78	87,090	171
126	PWS - Resection Of Lung		1.963040	252	237	11,707	0.63	7,404	21
126		Plx1	1.520940	162	158	9,568	0.29	2,782	17
126		Plx2	1.948584	41	39	11,792	0.34	4,030	22
126		Plx3	2.352478	30	28	14,216	0.38	5,419	23
126		Plx4	5.026948	19	17	32,420	0.59	19,183	50

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
127	Major Respiratory Procedures		1.838957	621	521	10,794	1.09	11,746	34
127		Plx1	1.114307	358	304	6,809	0.47	3,179	19
127		Plx2	1.748572	117	103	10,713	1.10	11,779	33
127		Plx3	1.911830	59	48	11,789	0.62	7,347	41
127		Plx4	5.795978	87	75	36,145	0.82	29,732	81
128	Minor Respiratory Procedures		1.374050	74	67	8,416	0.91	7,643	20
128		Plx1	0.960610	54	48	6,369	0.67	4,277	14
128		Plx2	1.649899	7	7	10,290	0.77	7,912	31
128		Plx3	1.407990	7	6	8,892	0.57	5,110	38
128		Plx4	5.376296	6	6	34,281	0.66	22,682	75
129	Other Respiratory Procedures		0.570245	257	210	3,454	0.55	1,913	10
129		Plx1	0.454761	215	176	2,872	0.31	884	4
129		Plx2	1.100985	17	11	6,587	0.58	3,812	30
129		Plx3	1.790467	13	12	10,147	0.60	6,095	43
129		Plx4	4.171446	12	11	25,751	0.71	18,394	74
135	Tuberculosis		1.876752	56	41	11,306	0.83	9,395	80
135		Plx1	1.709642	48	35	11,253	0.89	10,022	82
135		Plx2	1.419433	4	4	8,943	0.60	5,406	74
135		Plx3	1.615721	4	2	11,316	0.58	6,556	44
135		Plx4	2.931735			17,040	0.59	10,032	62
136	Respiratory Failure		2.587138	509	335	13,677	1.06	14,470	39
136		Plx1	1.175181	144	77	6,644	0.78	5,166	26
136		Plx2	1.395733	124	78	7,824	0.88	6,866	27
136		Plx3	1.638465	78	54	9,215	0.99	9,134	34
136		Plx4	4.246555	163	123	24,098	0.78	18,875	48
137	Respiratory Infections And Inflammations		1.648516	934	547	8,848	1.01	8,932	31
137		Plx1	0.970580	451	231	5,548	0.81	4,487	24
137		Plx2	1.320082	179	103	7,499	0.70	5,284	31
137		Plx3	1.723039	133	91	10,004	0.79	7,917	38
137		Plx4	3.254899	171	132	19,349	0.99	19,214	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
138	Respiratory Neoplasms		1.424628	1,189	579	7,562	0.82	6,215	37
138		Plx1	0.953287	506	219	5,435	0.76	4,119	30
138		Plx2	1.380291	374	180	7,648	0.67	5,160	43
138		Plx3	1.602350	196	109	9,185	0.71	6,556	47
138		Plx4	2.157048	113	74	12,845	0.92	11,759	54
139	Interstitial Disease		1.347369	293	142	7,147	1.06	7,565	30
139		Plx1	0.730511	161	66	4,299	0.91	3,909	21
139		Plx2	1.121107	49	24	6,217	0.72	4,489	30
139		Plx3	1.397726	48	30	8,217	0.85	6,965	40
139		Plx4	3.818971	35	27	21,507	0.65	14,052	68
140	Chronic Obstructive Pulmonary Disease (COPD)		0.966231	801	234	4,669	0.89	4,143	24
140		Plx1	0.696974	509	122	3,709	0.75	2,767	21
140		Plx2	0.939114	193	65	4,550	0.75	3,421	28
140		Plx3	1.358210	67	27	7,307	0.83	6,050	50
140		Plx4	2.585478	32	27	13,733	0.64	8,770	70
141	Pulmonary Edema		1.593595	177	92	8,503	1.27	10,814	23
141		Plx1	0.722792	89	42	3,894	0.85	3,291	16
141		Plx2	1.041545	38	20	5,670	0.96	5,447	23
141		Plx3	1.579833	20	15	8,767	0.71	6,199	26
141		Plx4	4.798042	30	21	28,837	0.89	25,575	58
142	Chronic Bronchitis		0.854955	3,628	1682	4,169	0.96	3,985	21
142		Plx1	0.580059	2,417	1023	3,032	0.68	2,047	18
142		Plx2	0.847794	736	370	4,412	0.74	3,254	25
142		Plx3	1.237124	317	205	6,801	0.73	4,988	35
142		Plx4	2.599440	158	114	14,660	0.80	11,727	52
143	Simple Pneumonia And Pleurisy		0.812902	8,297	3133	4,097	1.05	4,306	18
143		Plx1	0.562099	6,075	2026	2,962	0.74	2,200	14
143		Plx2	0.862937	1,182	553	4,696	0.76	3,550	25
143		Plx3	1.244951	636	365	7,055	0.78	5,522	31
143		Plx4	2.543489	404	289	14,772	0.90	13,283	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
144	Pneumothorax		0.617790	299	184	3,271	0.86	2,812	17
144		Plx1	0.499855	246	151	2,842	0.75	2,133	14
144		Plx2	0.842805	33	23	4,961	0.94	4,662	25
144		Plx3	1.731406	15	10	10,119	0.85	8,573	38
144		Plx4	1.975702	5	5	11,376	0.52	5,863	45
145	Tracheobronchitis		0.558210	2,360	667	2,925	0.83	2,428	8
145		Plx1	0.507814	2,071	592	2,869	0.79	2,272	10
145		Plx2	0.798277	221	78	4,380	0.93	4,075	14
145		Plx3	0.938838	45	24	5,536	0.70	3,872	18
145		Plx4	5.658999	23	19	37,188	0.79	29,469	42
146	Asthma		0.432386	2,859	1174	2,222	1.05	2,337	10
146		Plx1	0.357252	2,507	1005	1,975	0.76	1,493	10
146		Plx2	0.570102	275	128	3,074	0.73	2,236	14
146		Plx3	0.865724	60	40	5,022	0.80	4,022	24
146		Plx4	3.731297	17	14	20,858	0.69	14,474	47
147	Other Respiratory Diagnoses		0.634983	1,365	615	3,480	1.29	4,474	16
147		Plx1	0.429579	1,053	461	2,519	1.06	2,674	13
147		Plx2	0.668248	172	71	3,901	0.86	3,342	20
147		Plx3	1.131323	93	60	6,472	0.79	5,100	26
147		Plx4	3.914161	47	34	23,371	1.18	27,575	57
175	PWS - Heart Or Lung Transplant		11.729645	76	68	72,984	0.62	44,955	100
175		Plx1	6.849569	3	3	46,404	0.21	9,545	41
175		Plx2	6.874824	11	8	46,350	0.26	11,928	35
175		Plx3	7.017803	14	13	46,940	0.23	10,783	51
175		Plx4	15.338483	48	43	102,955	0.67	68,650	163
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		5.893524	39	38	36,586	0.49	18,102	66
176		Plx1	3.987732	4	4	26,284	0.37	9,662	43
176		Plx2	4.481274	12	12	29,182	0.31	9,011	51
176		Plx3	5.875220	6	6	37,417	0.22	8,295	58
176		Plx4	8.150950	17	17	52,748	0.49	26,070	89

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.621571	452	415	22,527	0.49	10,967	27
177		Plx1	2.644070	163	159	17,464	0.25	4,335	14
177		Plx2	3.169830	120	114	20,757	0.38	7,888	24
177		Plx3	3.936405	82	79	25,715	0.41	10,480	34
177		Plx4	7.148759	87	86	46,511	0.62	29,031	67
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.534176	315	309	28,214	0.54	15,225	48
178		Plx1	3.274751	34	34	21,125	0.30	6,380	37
178		Plx2	3.519752	133	133	22,954	0.40	9,120	39
178		Plx3	4.335405	70	68	27,987	0.46	12,999	44
178		Plx4	6.837656	78	77	44,280	0.58	25,541	67
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.565661	1,456	1377	15,996	0.42	6,702	21
179		Plx1	1.954324	396	373	12,978	0.24	3,082	11
179		Plx2	2.278804	592	567	14,960	0.29	4,401	18
179		Plx3	2.823125	293	285	18,470	0.38	7,057	25
179		Plx4	5.023152	175	163	32,904	0.59	19,266	51
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9.304477	28	25	57,818	0.98	56,507	64
181		Plx1	2.844048	1	1	17,862	0.19	3,321	36
181		Plx2	4.094021	4	4	26,711	0.30	8,109	52
181		Plx3	6.475551	1	1	43,094	0.62	26,808	55
181		Plx4	12.154759	22	20	80,546	0.82	65,663	84
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.166365	308	291	19,705	0.52	10,254	23
182		Plx1	2.173880	111	105	14,456	0.30	4,390	11
182		Plx2	2.583929	65	63	17,169	0.33	5,619	17
182		Plx3	2.900460	53	50	19,250	0.35	6,774	18
182		Plx4	5.814230	79	76	38,464	0.65	24,989	47
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3.430577	85	81	20,814	0.72	14,883	43
183		Plx1	1.589962	13	12	10,487	0.66	6,890	28
183		Plx2	2.844670	20	20	18,096	0.59	10,650	36
183		Plx3	2.528523	15	14	15,793	0.68	10,679	37
183		Plx4	4.448984	37	36	28,205	0.61	17,311	61

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		3.221183	138	121	19,140	0.76	14,619	35
184		Plx1	1.927995	36	32	12,209	0.55	6,730	25
184		Plx2	2.240745	31	25	14,020	0.63	8,903	20
184		Plx3	2.741159	24	20	17,436	0.69	12,098	28
184		Plx4	5.110583	47	45	31,645	0.64	20,189	50
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5.619472	229	214	34,828	0.39	13,411	46
185		Plx1	4.990452	80	74	32,361	0.31	9,918	35
185		Plx2	5.121816	78	73	33,476	0.39	13,151	40
185		Plx3	5.560462	43	41	35,988	0.37	13,459	40
185		Plx4	6.640977	28	25	42,304	0.44	18,500	68
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2.814498	830	633	17,018	0.47	7,923	20
186		Plx1	2.471460	609	457	15,545	0.44	6,839	16
186		Plx2	3.283081	118	99	20,708	0.47	9,803	29
186		Plx3	3.449861	72	58	21,783	0.37	8,029	36
186		Plx4	4.448423	31	29	28,358	0.53	14,937	52
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1.692937	1,440	1104	10,254	0.44	4,462	15
188		Plx1	1.507143	973	727	9,548	0.40	3,779	14
188		Plx2	1.795294	277	240	11,028	0.46	5,083	16
188		Plx3	2.157045	121	99	13,055	0.44	5,705	23
188		Plx4	3.328424	69	63	20,167	0.60	12,132	43
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.272671	1,305	1166	7,818	0.48	3,788	13
189		Plx1	1.055085	486	384	6,755	0.46	3,135	1
189		Plx2	1.294734	717	621	8,226	0.46	3,758	13
189		Plx3	1.698093	80	74	10,753	0.48	5,201	24
189		Plx4	3.704627	22	18	22,460	0.66	14,773	41
191	Temporary Cardiac Pacemaker		1.687351	68	40	9,207	0.78	7,197	23
191		Plx1	1.032214	25	10	5,843	0.61	3,540	17
191		Plx2	1.153026	14	7	6,065	0.72	4,374	21
191		Plx3	1.319011	10	7	7,824	0.63	4,931	20
191		Plx4	2.344227	19	16	14,096	0.68	9,606	38

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
193	Cardiac Pacemaker Device Replacement Or Revision		1.934173	186	115	12,014	0.91	10,981	7
193		Plx1	1.604283	169	91	10,353	0.82	8,478	4
193		Plx2	3.487033	7	7	22,749	0.81	18,466	25
193		Plx3	3.465219	9	9	22,440	0.81	18,256	34
193		Plx4	3.019083	1	1	18,462	0.64	11,872	21
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		0.828732	215	189	5,134	0.91	4,654	10
194		Plx1	0.605269	176	150	3,909	0.35	1,381	4
194		Plx2	1.093807	19	19	7,062	0.68	4,801	19
194		Plx3	1.618094	6	4	10,101	0.58	5,833	26
194		Plx4	6.008132	14	10	37,342	0.66	24,704	67
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		1.493013	118	78	8,330	1.09	9,091	22
200		Plx1	0.727333	37	20	4,195	0.87	3,630	10
200		Plx2	1.179760	28	17	6,867	0.87	5,967	22
200		Plx3	1.172860	18	11	7,194	0.91	6,563	22
200		Plx4	2.279838	35	30	13,688	0.99	13,488	38
201	AMI With Cardiac Cath With Congestive Heart Failure		2.195309	110	85	11,894	0.52	6,200	32
201		Plx1	1.805335	74	53	10,363	0.43	4,489	31
201		Plx2	2.725093	18	16	15,021	0.52	7,865	35
201		Plx3	2.053131	12	11	11,717	0.40	4,727	26
201		Plx4	2.917991	6	5	18,177	0.59	10,660	32
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.646479	35	21	8,590	0.52	4,431	19
202		Plx1	1.302800	28	15	7,465	0.46	3,444	17
202		Plx2	2.601635	3	3	13,199	0.48	6,389	21
202		Plx3	1.790570	3	2	9,410	0.24	2,251	34
202		Plx4	4.642417	1	1	26,802	0.56	14,963	24
203	AMI With Cardiac Cath With Angina		1.644620	79	55	8,460	0.52	4,412	29
203		Plx1	1.505874	60	44	8,212	0.54	4,426	24
203		Plx2	1.722550	15	8	9,177	0.53	4,821	41
203		Plx3	1.984682	3	2	10,733	0.27	2,928	35
203		Plx4	3.371964	1	1	19,311	0.48	9,178	62

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.630714	479	345	8,490	0.55	4,661	23
204		Plx1	1.458209	429	304	8,064	0.54	4,326	21
204		Plx2	1.408618	22	17	8,634	0.31	2,709	21
204		Plx3	2.238581	20	16	12,496	0.52	6,536	34
204		Plx4	2.313836	8	5	14,286	0.53	7,527	29
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.676029	480	218	8,337	0.70	5,877	31
205		Plx1	1.265572	295	119	6,782	0.61	4,158	25
205		Plx2	1.702776	80	36	8,950	0.66	5,891	35
205		Plx3	1.695199	60	40	9,407	0.60	5,635	42
205		Plx4	2.857513	45	24	15,934	0.71	11,294	48
206	AMI Without Cardiac Cath With Ventricular Tachycardia		1.238081	135	53	6,157	0.67	4,122	18
206		Plx1	0.959244	96	31	5,105	0.51	2,593	15
206		Plx2	1.449834	21	13	8,230	0.67	5,530	25
206		Plx3	1.185452	10	5	6,368	0.41	2,581	26
206		Plx4	1.880573	8	4	10,073	0.85	8,536	38
207	AMI Without Cardiac Cath With Angina		1.159974	126	49	5,366	0.58	3,123	23
207		Plx1	1.018792	113	41	5,106	0.57	2,932	20
207		Plx2	1.068483	10	5	5,833	0.49	2,867	28
207		Plx3	1.980406	3	3	10,589	0.29	3,086	23
207		Plx4	1.166111			6,199	0.50	3,128	61
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		1.022111	2,140	893	4,877	0.64	3,117	15
208		Plx1	0.897406	1,829	766	4,667	0.57	2,681	15
208		Plx2	1.202450	149	60	6,511	0.83	5,393	27
208		Plx3	1.242366	103	51	6,585	0.86	5,683	25
208		Plx4	2.142361	59	41	12,595	1.16	14,589	39
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.321170	31	11	7,411	0.67	4,941	27
210		Plx1	1.232871	25	8	7,382	0.69	5,093	24
210		Plx2	0.665429	2	1	3,203	0.57	1,839	14
210		Plx3	3.056996	1	1	17,983	0.48	8,598	66
210		Plx4	3.816779	3	2	25,058	0.75	18,827	67

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		1.424150	190	81	7,195	0.75	5,372	24
211		Plx1	1.300661	181	76	7,042	0.74	5,240	24
211		Plx2	1.055870	6	3	6,258	0.42	2,646	29
211		Plx3	1.424178	1	1	8,880	0.15	1,320	31
211		Plx4	4.719689	2	1	27,739	0.08	2,099	23
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		0.999862	226	35	4,784	0.74	3,536	17
212		Plx1	0.886056	191	30	4,438	0.76	3,395	14
212		Plx2	0.968781	24	4	5,678	0.74	4,199	21
212		Plx3	1.644388	10	1	10,262	0.86	8,791	35
212		Plx4	1.518492	1		8,228	0.67	5,481	12
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		0.647763	1,419	253	2,879	0.72	2,072	11
213		Plx1	0.582816	1,351	243	2,846	0.71	2,016	11
213		Plx2	0.731035	51	10	3,756	0.67	2,514	20
213		Plx3	0.703119	8		3,945	0.91	3,582	21
213		Plx4	1.375095	9	3	7,523	0.65	4,861	26
215	Cardiac Cath With Congestive Heart Failure		2.078443	253	211	11,982	0.92	10,975	37
215		Plx1	1.485089	174	148	8,790	0.55	4,812	30
215		Plx2	2.130324	29	24	12,789	0.62	7,914	51
215		Plx3	2.620478	26	21	16,350	0.51	8,327	54
215		Plx4	4.256746	24	20	27,089	0.84	22,863	59
216	Cardiac Cath With Ventricular Tachycardia		1.481613	116	96	8,292	0.67	5,588	29
216		Plx1	1.263233	104	88	7,435	0.61	4,563	28
216		Plx2	1.762794	7	5	10,857	0.29	3,184	37
216		Plx3	3.412326	3	2	19,637	0.37	7,361	48
216		Plx4	3.459601	2	2	21,443	0.64	13,802	44
217	Cardiac Cath With Unstable Angina		1.178228	316	288	6,406	0.65	4,173	22
217		Plx1	1.058258	289	261	6,072	0.65	3,918	19
217		Plx2	1.662036	16	16	9,489	0.59	5,589	27
217		Plx3	1.699429	9	9	9,978	0.56	5,616	37
217		Plx4	2.453591	2	1	15,794	0.75	11,826	49

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
218	Cardiac Cath Without Specified Cardiac Conditions		0.816594	779	560	4,719	0.69	3,242	17
218		Plx1	0.748328	715	520	4,541	0.59	2,684	17
218		Plx2	0.953110	44	30	5,825	0.53	3,084	21
218		Plx3	1.616262	15	14	9,798	0.70	6,899	48
218		Plx4	3.652411	5	2	22,853	0.73	16,732	55
219	Endocarditis		1.985296	86	51	10,574	0.88	9,279	55
219		Plx1	1.061692	33	15	6,382	0.74	4,701	35
219		Plx2	1.639168	12	7	9,992	0.97	9,713	62
219		Plx3	1.952611	21	12	10,756	0.62	6,716	39
219		Plx4	2.855018	20	17	16,137	0.76	12,342	97
220	Pulmonary Embolism		0.867970	754	426	4,734	0.85	4,026	19
220		Plx1	0.665425	488	255	3,840	0.69	2,669	18
220		Plx2	0.816332	174	115	4,798	0.72	3,440	22
220		Plx3	1.246121	59	39	7,375	0.66	4,887	32
220		Plx4	2.256378	33	21	13,669	0.82	11,191	48
222	Heart Failure		1.071015	4,690	1805	5,382	0.91	4,892	27
222		Plx1	0.752272	3,132	1113	4,056	0.72	2,937	21
222		Plx2	1.082978	817	307	5,678	0.71	4,041	34
222		Plx3	1.427750	413	209	7,843	0.68	5,354	42
222		Plx4	2.702821	328	219	15,513	0.89	13,867	71
225	Hypertensive Heart Disease		0.982107	180	71	4,798	0.77	3,692	27
225		Plx1	0.650024	121	43	3,526	0.69	2,430	18
225		Plx2	0.939655	26	10	4,798	0.74	3,549	35
225		Plx3	1.672312	19	10	8,911	0.46	4,132	44
225		Plx4	2.075591	14	9	10,952	0.67	7,315	70
226	Other Circulatory Diagnoses		0.887962	975	482	4,759	0.98	4,670	20
226		Plx1	0.591667	675	308	3,377	0.85	2,877	16
226		Plx2	0.969705	154	80	5,535	0.73	4,022	25
226		Plx3	1.316078	84	51	7,715	0.74	5,708	42
226		Plx4	3.065874	62	50	17,893	0.82	14,724	57

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
229	Atherosclerosis (MNRH)		0.876658	1,566	999	4,299	0.67	2,890	20
229		Plx1	0.729455	1,279	820	3,916	0.59	2,307	17
229		Plx2	1.122331	199	126	5,980	0.79	4,725	27
229		Plx3	1.544060	61	41	8,445	0.73	6,147	46
229		Plx4	2.265710	27	19	12,418	0.91	11,306	45
232	Acquired Valvular Disorders (MNRH)		1.071855	111	58	5,337	0.87	4,621	27
232		Plx1	0.770852	75	38	4,087	0.62	2,553	26
232		Plx2	1.377126	24	13	7,569	0.69	5,217	31
232		Plx3	0.799046	6	5	4,506	0.81	3,645	55
232		Plx4	2.442747	6	2	14,659	0.76	11,124	40
233	Hypertension (MNRH)		0.539056	898	127	2,750	0.97	2,664	11
233		Plx1	0.398143	778	102	2,134	0.74	1,569	8
233		Plx2	0.675922	98	19	3,867	0.80	3,101	17
233		Plx3	0.931597	14	5	5,588	0.62	3,473	28
233		Plx4	2.858819	8	4	16,378	0.55	8,945	30
234	Congenital Cardiac Disorders (MNRH)		1.206620	42	27	7,630	1.65	12,611	22
234		Plx1	0.561842	20	10	3,439	1.88	6,459	12
234		Plx2	0.707491	14	10	4,608	0.86	3,972	19
234		Plx3	1.699470	4	4	10,660	0.61	6,543	37
234		Plx4	4.196547	4	4	29,912	0.84	25,252	36
235	Angina Pectoris		0.560943	876	135	2,476	0.69	1,704	10
235		Plx1	0.490300	791	124	2,420	0.69	1,667	10
235		Plx2	0.775277	71	11	3,414	0.68	2,329	14
235		Plx3	1.051163	11	4	5,430	0.46	2,512	32
235		Plx4	0.372875	3		1,982	0.00	0	50
237	Arrhythmia		0.714188	3,493	1162	3,548	0.88	3,124	16
237		Plx1	0.534721	2,808	849	2,855	0.84	2,409	13
237		Plx2	0.840765	467	196	4,564	0.62	2,845	21
237		Plx3	1.426863	157	82	7,822	0.59	4,603	34
237		Plx4	2.233929	61	38	12,526	0.74	9,329	50

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
240	Syncope And Collapse		0.496836	822	287	2,599	0.78	2,022	13
240		Plx1	0.441821	741	255	2,493	0.80	1,987	13
240		Plx2	0.598010	51	18	3,324	0.58	1,929	18
240		Plx3	0.983437	22	11	5,664	0.73	4,133	32
240		Plx4	1.667229	8	5	9,825	1.40	13,712	64
242	Chest Pain		0.427944	3,271	1040	2,127	0.66	1,401	7
242		Plx1	0.383793	3,045	967	2,076	0.67	1,393	7
242		Plx2	0.569540	189	69	3,042	0.56	1,707	13
242		Plx3	0.779943	35	12	4,179	0.50	2,098	19
242		Plx4	1.088006	2	1	6,010	0.86	5,181	20
250	Extensive Gastrointestinal Procedures		4.541364	64	44	26,630	0.76	20,358	51
250		Plx1	2.850964	16	10	17,893	0.43	7,622	26
250		Plx2	3.065061	11	10	18,811	0.23	4,352	24
250		Plx3	3.267565	10	7	19,683	0.28	5,448	41
250		Plx4	7.718893	27	19	48,963	0.74	36,263	104
251	Gastrostomy And Colostomy Procedures		3.509578	1,275	760	19,252	0.90	17,251	59
251		Plx1	1.837840	552	276	10,668	0.51	5,475	33
251		Plx2	2.329669	121	80	13,301	0.53	7,022	41
251		Plx3	2.838375	198	128	16,577	0.54	8,889	60
251		Plx4	6.720557	404	308	39,429	0.89	34,895	108
252	Major Esophageal, Stomach And Duodenum Procedures		2.820763	117	69	15,327	0.62	9,493	39
252		Plx1	1.937846	68	37	11,340	0.34	3,835	26
252		Plx2	2.240474	17	10	13,363	0.37	4,925	43
252		Plx3	3.466085	13	10	19,798	0.53	10,507	74
252		Plx4	6.373294	19	18	36,533	0.68	24,945	91
253	Major Intestinal And Rectal Procedures		1.853508	2,543	1799	9,665	0.60	5,784	25
253		Plx1	1.421832	1,561	1119	7,905	0.40	3,127	19
253		Plx2	1.833739	335	241	10,397	0.43	4,429	29
253		Plx3	2.160160	333	249	12,292	0.52	6,418	35
253		Plx4	3.974477	314	228	22,879	0.77	17,556	62

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.216095	816	597	6,481	0.76	4,954	20
255		Plx1	0.926359	644	493	5,206	0.57	2,971	17
255		Plx2	1.423409	59	42	8,271	0.36	2,996	18
255		Plx3	2.309778	55	43	13,754	0.63	8,677	39
255		Plx4	4.391406	58	45	26,181	0.86	22,483	63
258	Laparotomy		1.305996	884	540	6,867	0.76	5,215	24
258		Plx1	0.949619	662	384	5,317	0.56	2,964	18
258		Plx2	1.458311	73	55	8,168	0.56	4,535	27
258		Plx3	1.804239	78	52	10,390	0.57	5,963	31
258		Plx4	3.416990	71	60	20,546	1.15	23,528	53
260	Less Extensive Intestinal And Rectal Procedures		0.963479	65	45	5,493	0.68	3,716	16
260		Plx1	0.813396	51	33	4,980	0.77	3,836	14
260		Plx2	1.283858	7	6	8,150	0.46	3,769	19
260		Plx3	1.018049	3	3	5,290	0.33	1,745	18
260		Plx4	1.488009	4	4	8,458	0.36	3,015	25
261	Complicated Appendectomy		0.816099	998	659	4,360	0.51	2,239	12
261		Plx1	0.701996	864	578	3,997	0.48	1,921	12
261		Plx2	1.048133	60	45	6,392	0.45	2,902	17
261		Plx3	1.392316	54	34	8,211	0.49	4,019	20
261		Plx4	1.979690	20	13	11,880	0.88	10,445	22
262	Simple Appendectomy		0.502511	2,243	1297	2,648	0.44	1,152	5
262		Plx1	0.458777	2,163	1260	2,597	0.41	1,064	5
262		Plx2	0.703548	45	33	4,111	0.35	1,434	9
262		Plx3	0.870797	24	12	4,982	0.70	3,492	12
262		Plx4	1.451545	11	7	8,157	0.45	3,675	25
264	Minor Gastrointestinal Procedures		0.650289	98	67	3,842	0.50	1,909	8
264		Plx1	0.578235	88	61	3,693	0.53	1,968	8
264		Plx2	1.087074	5	5	6,315	0.62	3,935	25
264		Plx3	0.832502	3	2	5,059	0.21	1,070	11
264		Plx4	8.297058	2	2	49,808	0.66	33,012	53

Prepared by: Health Funding and Costing

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
265	**Abdominal Laparoscopy**		**0.598440**	**100**	**47**	**2,969**	**0.55**	**1,630**	**13**
265		Plx1	0.527756	95	42	2,812	0.51	1,427	10
265		**Plx2**	**0.720838**	**1**	**1**	**3,954**	**0.75**	**2,960**	**12**
265		Plx3	1.808928	3	3	11,876	1.01	12,014	45
265		**Plx4**	**1.887718**	**1**	**1**	**10,138**	**0.74**	**7,518**	**42**
266	Anus And Stomal Procedures (MNRH)		0.470796	1,010	449	2,288	0.66	1,502	7
266		**Plx1**	**0.418700**	**924**	**412**	**2,187**	**0.66**	**1,438**	**7**
266		Plx2	0.742510	61	39	4,119	0.55	2,245	14
266		**Plx3**	**1.186554**	**17**	**9**	**6,973**	**0.69**	**4,799**	**31**
266		Plx4	2.972335	8	7	16,911	0.72	12,243	53
269	**Bilateral Hernia Procedures**		**0.596947**	**1,950**	**875**	**2,932**	**0.55**	**1,619**	**7**
269		Plx1	0.531559	1,852	829	2,822	0.53	1,493	7
269		**Plx2**	**0.935526**	**50**	**35**	**5,225**	**0.72**	**3,781**	**15**
269		Plx3	1.260355	31	20	6,898	0.49	3,375	18
269		**Plx4**	**1.795006**	**17**	**13**	**9,730**	**0.61**	**5,934**	**32**
271	Unilateral Hernia Procedures (MNRH)		0.494669	668	137	2,360	0.58	1,361	4
271		**Plx1**	**0.434590**	**641**	**132**	**2,253**	**0.47**	**1,066**	**4**
271		Plx2	0.790429	13	5	4,322	0.37	1,584	15
271		**Plx3**	**1.877531**	**9**	**6**	**10,015**	**0.59**	**5,889**	**24**
271		Plx4	1.954219	5	3	11,076	0.50	5,554	36
279	**Digestive System Malignancy**		**1.081039**	**671**	**307**	**5,789**	**0.89**	**5,150**	**30**
279		Plx1	0.728357	397	147	4,121	0.77	3,170	24
279		**Plx2**	**1.063875**	**160**	**88**	**6,232**	**0.74**	**4,599**	**31**
279		Plx3	1.594674	68	42	8,946	0.72	6,479	46
279		**Plx4**	**1.725040**	**46**	**29**	**9,891**	**0.95**	**9,423**	**46**
281	G.I. Hemorrhage		0.578410	2,161	1038	3,026	0.92	2,797	14
281		**Plx1**	**0.435747**	**1,603**	**723**	**2,430**	**0.68**	**1,662**	**11**
281		Plx2	0.653122	320	188	3,644	0.73	2,647	20
281		**Plx3**	**0.954631**	**137**	**81**	**5,372**	**0.75**	**4,005**	**27**
281		Plx4	2.140691	101	71	12,441	0.88	10,963	44

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
285	**Complicated Ulcer**		**0.616907**	**117**	**60**	**3,211**	**0.77**	**2,482**	**17**
285		Plx1	0.483282	66	33	2,674	0.69	1,848	14
285		**Plx2**	**0.482881**	**33**	**19**	**2,683**	**0.68**	**1,833**	**14**
285		Plx3	1.138144	10	5	6,441	0.48	3,089	33
285		**Plx4**	**3.129143**	**8**	**4**	**17,535**	**0.55**	**9,645**	**64**
286	Uncomplicated Ulcer		0.456210	285	97	2,292	0.77	1,771	11
286		**Plx1**	**0.394909**	**230**	**70**	**2,130**	**0.67**	**1,437**	**11**
286		Plx2	0.439732	46	26	2,412	0.67	1,625	14
286		**Plx3**	**1.037626**	**8**	**3**	**6,562**	**0.84**	**5,487**	**27**
286		Plx4	5.240514	1	1	21,454	0.81	17,292	125
289	**Inflammatory Bowel Disease**		**0.586653**	**896**	**481**	**3,147**	**0.73**	**2,304**	**17**
289		Plx1	0.513211	712	363	2,941	0.70	2,068	17
289		**Plx2**	**0.587156**	**125**	**82**	**3,358**	**0.72**	**2,417**	**19**
289		Plx3	0.897670	44	35	5,186	0.73	3,793	28
289		**Plx4**	**2.559499**	**15**	**11**	**15,196**	**0.80**	**12,100**	**57**
290	G.I. Obstruction		0.51[illegible]7	2,046	960	2,649	0.74	1,961	14
290		**Plx1**	**0.420776**	**1,766**	**811**	**2,334**	**0.69**	**1,606**	**11**
290		Plx2	0.752262	170	88	4,068	0.68	2,765	24
290		**Plx3**	**1.084536**	**65**	**32**	**6,131**	**0.72**	**4,388**	**36**
290		Plx4	1.853725	45	24	10,222	0.86	8,783	55
294	**Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease**		**0.419069**	**12,824**	**3804**	**2,095**	**0.79**	**1,658**	**10**
294		Plx1	0.357831	11,317	3252	1,922	0.74	1,421	10
294		**Plx2**	**0.581490**	**985**	**389**	**3,180**	**0.73**	**2,312**	**17**
294		Plx3	0.752134	386	182	4,308	0.83	3,555	23
294		**Plx4**	**1.726541**	**136**	**84**	**10,021**	**0.81**	**8,140**	**53**
297	Other G.I. Diagnoses		0.515257	1,746	825	2,735	0.82	2,231	13
297		**Plx1**	**0.423837**	**1,364**	**619**	**2,399**	**0.81**	**1,937**	**13**
297		Plx2	0.579836	232	135	3,421	0.79	2,714	17
297		**Plx3**	**1.169331**	**76**	**50**	**6,999**	**0.94**	**6,602**	**36**
297		Plx4	2.344574	74	59	14,073	1.30	18,319	49

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
310	PWS - Liver Transplant		8.911562	60	41	55,503	0.75	41,867	80
310		Plx1	4.557940	4	3	30,951	0.22	6,751	27
310		Plx2	5.247678	4	3	34,996	0.15	5,261	20
310		Plx3	5.428855	7	5	36,707	0.25	9,095	39
310		Plx4	10.887475	45	32	72,976	0.77	56,119	98
311	Major Pancreatic Procedures		3.706050	205	172	20,989	0.90	18,864	69
311		Plx1	2.317119	75	63	13,744	0.45	6,193	38
311		Plx2	2.696414	42	35	16,010	0.70	11,189	47
311		Plx3	2.975503	33	30	18,519	0.58	10,747	53
311		Plx4	8.533648	55	50	51,208	0.80	41,104	128
312	Major Hepatobiliary Procedures		2.147791	125	103	12,420	0.40	4,988	25
312		Plx1	1.756659	71	60	10,992	0.30	3,263	18
312		Plx2	2.073521	20	16	12,329	0.34	4,206	20
312		Plx3	2.167413	16	15	13,376	0.36	4,773	30
312		Plx4	5.153666	18	16	33,646	0.81	27,231	73
313	Common Duct Exploration		1.850427	89	64	10,113	0.67	6,755	27
313		Plx1	1.310418	51	37	7,283	0.45	3,276	20
313		Plx2	1.678628	14	12	9,974	0.34	3,436	22
313		Plx3	2.411577	12	10	15,365	0.53	8,166	35
313		Plx4	3.479398	12	8	20,618	0.87	17,890	42
314	Other Hepatobiliary And Pancreatic Procedures		1.877891	160	104	10,141	0.82	8,273	31
314		Plx1	1.187403	93	52	6,705	0.67	4,525	24
314		Plx2	1.703166	20	16	9,820	0.44	4,330	27
314		Plx3	2.075263	13	11	11,579	0.55	6,325	35
314		Plx4	3.553289	34	28	20,745	0.67	13,911	53
315	Cholecystectomy		1.495046	342	196	7,849	0.61	4,771	19
315		Plx1	1.135605	223	123	6,295	0.43	2,714	16
315		Plx2	1.409516	45	29	8,261	0.39	3,181	20
315		Plx3	1.894657	40	27	10,409	0.53	5,500	28
315		Plx4	3.220384	34	21	18,368	0.87	15,983	46

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
317	Laparoscopic Cholecystectomy		0.650094	3,525	1299	3,061	0.59	1,791	7
317		Plx1	0.574493	3,180	1141	2,937	0.58	1,710	7
317		Plx2	0.868851	226	134	4,606	0.52	2,401	15
317		Plx3	1.281122	82	52	6,803	0.41	2,783	22
317		Plx4	2.235305	37	22	12,738	1.39	17,696	35
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		2.112877	93	72	11,825	1.10	13,063	41
320		Plx1	1.187298	46	36	7,189	0.57	4,105	25
320		Plx2	1.505243	14	10	9,122	0.58	5,291	26
320		Plx3	2.115900	13	9	12,939	0.54	6,927	37
320		Plx4	5.714296	20	20	34,238	1.15	39,274	75
323	Cirrhosis And Alcoholic Hepatitis		1.353374	516	295	7,083	1.07	7,604	31
323		Plx1	0.566005	158	74	3,149	0.76	2,382	23
323		Plx2	0.838223	134	71	4,733	0.65	3,093	25
323		Plx3	1.208745	72	47	6,613	0.86	5,695	35
323		Plx4	2.515089	152	113	14,484	0.98	14,206	48
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.130787	571	316	5,930	0.75	4,463	36
324		Plx1	0.856108	301	137	4,781	0.71	3,377	27
324		Plx2	0.929841	106	68	5,236	0.84	4,421	37
324		Plx3	1.303106	99	64	7,401	0.65	4,823	41
324		Plx4	1.556417	65	45	8,994	0.69	6,224	54
325	Pancreas Diseases Except Malignancy		0.591384	1,869	894	2,995	0.78	2,330	15
325		Plx1	0.448358	1,386	618	2,426	0.66	1,601	14
325		Plx2	0.660762	301	178	3,646	0.79	2,865	24
325		Plx3	1.052762	103	66	6,027	0.72	4,348	35
325		Plx4	2.965888	79	58	16,759	1.11	18,624	58
326	Liver Diseases Except Cirrhosis Or Cancer		1.105553	560	302	6,029	1.28	7,747	24
326		Plx1	0.563328	319	154	3,279	0.73	2,389	17
326		Plx2	0.766966	80	47	4,467	0.80	3,576	27
326		Plx3	1.086572	84	50	5,890	0.72	4,232	34
326		Plx4	2.722145	77	55	16,690	1.17	19,584	45

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
329	**Biliary Tract Diseases**		**0.530237**	**1,443**	**480**	**2,758**	**0.81**	**2,235**	**13**
329		Plx1	0.398855	1,172	333	2,248	0.79	1,783	10
329		Plx2	0.666746	104	62	3,807	0.73	2,767	18
329		Plx3	0.706086	123	59	3,923	0.71	2,790	18
329		Plx4	1.379719	44	32	7,670	0.94	7,176	36
350	**Multiple Or Bilateral Joint Replacement**		**2.875648**	**56**	**41**	**15,060**	**0.45**	**6,816**	**40**
350		Plx1	2.213779	29	20	12,483	0.47	5,847	21
350		Plx2	2.716992	14	12	14,998	0.50	7,479	34
350		Plx3	3.239407	5	3	19,383	0.33	6,383	47
350		Plx4	5.313860	8	8	30,481	0.71	21,742	156
351	**Joint Replacement For Trauma**		**1.955990**	**832**	**586**	**10,604**	**0.50**	**5,295**	**34**
351		Plx1	1.523696	486	330	8,741	0.35	3,082	24
351		Plx2	2.050323	145	110	12,119	0.41	5,018	41
351		Plx3	2.580385	82	66	14,969	0.51	7,638	59
351		Plx4	3.549858	119	95	20,923	0.67	14,048	90
352	**Hip Replacement**		**1.818150**	**2,011**	**1239**	**9,404**	**0.22**	**2,076**	**12**
352		Plx1	1.627001	1,553	927	9,122	0.20	1,835	14
352		Plx2	1.821091	323	268	10,145	0.23	2,335	15
352		Plx3	2.159005	90	58	12,131	0.34	4,131	27
352		Plx4	2.869056	45	34	16,289	0.48	7,886	44
354	**Knee Replacement**		**1.616719**	**2,341**	**1676**	**8,221**	**0.25**	**2,066**	**12**
354		Plx1	1.430019	1,876	1325	7,903	0.22	1,746	11
354		Plx2	1.689867	301	243	9,306	0.28	2,626	15
354		Plx3	1.795919	104	75	10,017	0.28	2,763	22
354		Plx4	2.150848	60	50	12,499	0.46	5,733	28
355	**Reattachment Procedures Or Lower Extremity Or Shoulder Amputations**		**2.067390**	**36**	**29**	**11,833**	**0.78**	**9,248**	**44**
355		Plx1	1.172017	17	15	6,843	0.48	3,285	22
355		Plx2	1.974806	6	5	12,323	0.66	8,089	34
355		Plx3	2.886086	4	4	17,374	0.58	10,155	46
355		Plx4	7.194845	9	8	41,900	0.73	30,643	154

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Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
356	**Repair Hip And Femur Procedures**		**1.444387**	**174**	**128**	**8,682**	**0.60**	**5,216**	**24**
356		Plx1	1.022098	116	84	6,549	0.47	3,086	15
356		**Plx2**	**1.809906**	**33**	**26**	**11,310**	**0.51**	**5,756**	**35**
356		Plx3	2.542893	16	15	16,087	0.46	7,383	53
356		**Plx4**	**3.348604**	**9**	**8**	**20,303**	**0.46**	**9,352**	**78**
358	**Lower Extremity Procedures With Infection**		**1.340205**	**164**	**98**	**7,710**	**0.81**	**6,218**	**31**
358		**Plx1**	**1.046470**	**117**	**71**	**6,424**	**0.70**	**4,477**	**24**
358		Plx2	1.324608	21	16	8,385	0.59	4,921	29
358		**Plx3**	**2.249839**	**7**	**4**	**13,252**	**0.71**	**9,417**	**77**
358		Plx4	5.686959	19	15	36,081	1.23	44,418	101
359	**Upper Extremity Procedures With Infection**		**1.101140**	**41**	**28**	**6,214**	**0.80**	**4,976**	**20**
359		Plx1	0.839700	34	24	5,147	0.60	3,100	17
359		**Plx2**	**1.888356**	**2**	**1**	**9,997**	**0.99**	**9,917**	**23**
359		Plx3	2.152255			13,011	0.68	8,840	15
359		**Plx4**	**4.606484**	**5**	**5**	**24,906**	**1.12**	**27,856**	**64**
360	**Upper Extremity Amputations And Revisions**		1.302740	52	42	6,970	0.82	5,739	33
360		**Plx1**	**0.795537**	**27**	**23**	**4,512**	**0.64**	**2,887**	**17**
360		Plx2	1.547008	14	12	8,511	0.65	5,574	74
360		**Plx3**	**1.379058**	**3**	**3**	**8,948**	**0.98**	**8,727**	**37**
360		Plx4	4.649952	8	7	27,649	0.69	19,021	80
361	**Musculoskeletal Biopsy For Malignancy**		**2.091715**	**40**	**29**	**12,634**	**1.00**	**12,669**	**61**
361		Plx1	0.999217	26	19	6,366	0.64	4,081	33
361		**Plx2**	**3.119226**	**7**	**4**	**19,078**	**0.59**	**11,318**	**114**
361		Plx3	3.201949	4	3	21,087	0.44	9,240	73
361		**Plx4**	**5.604106**	**3**	**3**	**33,276**	**0.66**	**21,798**	**112**
362	**Musculoskeletal Biopsy Without Malignancy**		2.371950	63	49	13,446	1.19	16,000	66
362		**Plx1**	**1.206873**	**38**	**28**	**7,283**	**0.83**	**6,029**	**41**
362		Plx2	2.015798	13	11	12,518	0.60	7,484	68
362		**Plx3**	**3.374531**	**3**	**3**	**19,537**	**0.86**	**16,888**	**119**
362		Plx4	6.847019	9	7	41,703	0.92	38,366	81

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
363	Back And Neck Procedures With Fusion		1.658517	726	620	10,024	0.55	5,537	15
363		Plx1	1.361846	546	469	8,552	0.46	3,941	12
363		Plx2	2.135964	104	100	13,452	0.46	6,186	20
363		Plx3	2.545140	47	42	16,002	0.45	7,154	27
363		Plx4	5.391041	29	27	34,758	0.80	27,774	82
365	Back And Neck Procedures Without Fusion		0.708937	1,419	1143	4,155	0.43	1,778	8
365		Plx1	0.655267	1,323	1082	4,030	0.42	1,678	8
365		Plx2	1.169336	64	54	7,348	0.51	3,753	21
365		Plx3	1.332393	23	20	8,106	0.46	3,701	21
365		Plx4	2.390865	9	8	14,021	0.55	7,691	55
367	Shoulder Arthroplasty		1.381157	101	83	6,874	0.31	2,159	8
367		Plx1	1.247664	95	79	6,769	0.31	2,125	8
367		Plx2	1.530764	6	4	8,416	0.31	2,648	6
367		Plx3	1.542517			7,940	0.24	1,887	8
367		Plx4	1.541607			8,451	0.14	1,142	4
368	Major Hip And Knee Procedures		0.971997	79	64	5,699	0.55	3,137	11
368		Plx1	0.801744	65	50	4,962	0.52	2,601	8
368		Plx2	1.244001	8	7	8,038	0.36	2,879	17
368		Plx3	2.025817	1	1	11,557	0.50	5,728	22
368		Plx4	1.242595	5	3	7,245	0.53	3,872	35
369	Major Lower Extremity Procedures		0.869219	471	362	4,771	0.48	2,306	8
369		Plx1	0.787923	435	340	4,579	0.46	2,120	8
369		Plx2	1.348766	20	18	8,682	0.42	3,672	18
369		Plx3	1.333894	12	9	8,322	0.34	2,816	16
369		Plx4	3.809371	4	4	24,025	0.22	5,281	81
372	Major Upper Extremity Procedures		0.669468	244	128	3,647	0.47	1,730	4
372		Plx1	0.623344	238	126	3,622	0.47	1,716	4
372		Plx2	1.466256	3	2	8,757	0.46	4,052	34
372		Plx3	1.970426	2	2	11,457	0.47	5,350	21
372		Plx4	11.403573	1	1	62,359	0.71	44,400	293

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
374	**Minor Lower Extremity Procedures**		**0.616770**	**997**	**367**	**3,164**	**0.43**	**1,367**	**4**
374		Plx1	0.566795	968	358	3,131	0.43	1,332	4
374		Plx2	0.922434	23	17	5,789	0.45	2,593	11
374		Plx3	1.317112	4	3	7,390	0.13	963	19
374		Plx4	7.012930	2	2	46,041	0.60	27,645	34
375	**Minor Upper Extremity Procedures**		0.553790	1,239	624	2,664	0.41	1,083	4
375		Plx1	0.504880	1,223	616	2,652	0.41	1,077	4
375		Plx2	0.642835	10	7	3,383	0.34	1,134	8
375		Plx3	0.583760	4		3,126	0.32	1,013	13
375		Plx4	0.934880	2	2	5,172	0.26	1,349	9
376	**Miscellaneous Musculoskeletal Procedures**		**1.181606**	**165**	**136**	**7,061**	**0.82**	**5,800**	**10**
376		Plx1	0.950980	146	119	5,979	0.82	4,895	10
376		Plx2	1.678914	14	13	11,309	0.55	6,256	8
376		Plx3	2.905254	3	2	19,131	0.34	6,485	16
376		Plx4	2.644292	2	2	17,460	0.40	7,041	18
377	**Wound Debridement And Skin Graft For Musculoskeletal Disorders**		1.367542	332	243	7,765	0.98	7,590	29
377		Plx1	0.949683	239	176	5,759	0.95	5,450	20
377		Plx2	1.694126	41	33	10,545	0.70	7,345	33
377		Plx3	2.260271	28	22	13,779	0.59	8,190	52
377		Plx4	5.601336	24	21	34,326	0.81	27,740	100
378	**Soft Tissue Procedures (MNRH)**		**0.657264**	**153**	**115**	**3,676**	**0.47**	**1,716**	**7**
378		Plx1	0.597914	144	110	3,545	0.45	1,599	7
378		Plx2	0.924658	8	7	5,840	0.47	2,753	23
378		Plx3	2.683155	1		14,946	0.95	14,183	63
378		Plx4	2.443966			14,630	1.16	16,975	15
379	**Other Musculoskeletal Procedures (MNRH)**		0.473855	559	396	2,584	0.46	1,179	4
379		Plx1	0.435655	539	386	2,545	0.45	1,140	4
379		Plx2	0.778803	12	11	4,762	0.40	1,888	15
379		Plx3	1.056626	5	4	6,925	0.46	3,187	20
379		Plx4	2.600695	3	2	16,027	1.00	16,094	57

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
380	Other Lower Extremity Procedures (MNRH)		0.458336	516	302	2,293	0.54	1,238	4
380		Plx1	0.418619	504	295	2,271	0.54	1,220	4
380		Plx2	0.625108	6	4	3,689	0.43	1,595	5
380		Plx3	1.077495	4	3	5,671	0.78	4,426	21
380		Plx4	0.468434	2	1	1,978	0.00	0	7
381	Hand And Wrist Procedures (MNRH)		0.475660	133	57	2,523	0.29	727	1
381		Plx1	0.441113	131	57	2,523	0.29	727	1
381		Plx2	0.757067	1	1	4,231	0.62	2,617	4
381		Plx3	1.299328	1					3
381		Plx4							
382	Arthroscopy (MNRH)		0.560389	18	8	2,949	0.92	2,717	16
382		Plx1	0.281820	17	7	1,577	0.44	690	5
382		Plx2	1.702780	1		9,521	0.25	2,417	19
382		Plx3							
382		Plx4	2.928056			19,456	0.67	13,103	29
383	PWS - Joint Replacement For Malignancy		2.618506	25	20	15,612	0.66	10,244	41
383		Plx1	1.971563	11	7	12,410	0.59	7,325	27
383		Plx2	2.657879	9	9	15,996	0.71	11,281	38
383		Plx3	2.908286	2	1	18,186	0.43	7,895	25
383		Plx4	4.759313	3	3	28,596	0.73	20,931	127
384	PWS - Back And Neck Procedures For Malignancy		3.837194	32	28	23,214	0.54	12,648	55
384		Plx1	2.301302	11	10	14,201	0.40	5,742	27
384		Plx2	3.182753	9	9	19,576	0.56	10,906	39
384		Plx3	3.586594	4	3	23,224	0.43	10,033	34
384		Plx4	5.529944	8	6	34,688	0.33	11,485	64
385	PWS - Major Orthopaedic Oncology Procedures		1.365317	28	22	8,272	0.88	7,303	24
385		Plx1	1.113526	20	19	7,124	0.77	5,475	17
385		Plx2	1.969894	5	4	12,680	0.65	8,189	31
385		Plx3	2.383907	1		12,978	0.46	5,940	16
385		Plx4	10.169712	2	2	66,571	0.33	21,747	71

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
386	**Other Orthopaedic Oncology Procedures**		**1.148248**	**35**	**30**	**7,006**	**0.73**	**5,105**	**16**
386		Plx1	0.904484	32	28	5,809	0.61	3,554	13
386		Plx2	1.532780	3	2	10,080	0.67	6,708	24
386		Plx3	2.441462			15,058	0.49	7,448	28
386		Plx4							12
391	**Secondary Neoplasms And Pathological Fractures**		**1.654112**	**820**	**333**	**8,897**	**0.94**	**8,406**	**47**
391		Plx1	1.096341	497	184	6,035	0.75	4,517	38
391		Plx2	1.672100	161	72	9,572	0.77	7,375	53
391		Plx3	2.308375	76	45	13,267	0.67	8,894	68
391		Plx4	3.424465	86	39	20,736	0.72	14,920	85
392	**Osteomyelitis**		**1.228959**	**132**	**66**	**7,171**	**0.73**	**5,224**	**36**
392		Plx1	0.904304	89	39	5,647	0.76	4,274	28
392		Plx2	1.385527	12	9	8,468	0.60	5,110	37
392		Plx3	1.390163	20	13	8,768	0.56	4,927	38
392		Plx4	2.274358	11	7	14,219	0.75	10,654	86
393	**Rheumatoid Arthritis**		**1.342199**	**189**	**81**	**7,336**	**1.15**	**8,470**	**30**
393		Plx1	0.834067	135	51	4,867	0.91	4,450	23
393		Plx2	1.465182	24	12	7,787	0.77	6,008	32
393		Plx3	1.830266	17	11	10,115	0.80	8,125	83
393		Plx4	4.568773	13	10	28,254	0.88	24,992	112
394	**Septic Arthritis**		**0.751978**	**107**	**38**	**3,963**	**0.82**	**3,255**	**26**
394		Plx1	0.541273	79	27	2,927	0.75	2,187	20
394		Plx2	1.816700	10	4	11,583	0.85	9,839	74
394		Plx3	0.902364	8	3	5,300	0.30	1,595	30
394		Plx4	3.720895	10	7	22,513	0.95	21,436	146
397	**Non-Inflammatory Arthritis**		**1.273280**	**267**	**66**	**6,163**	**0.79**	**4,875**	**33**
397		Plx1	0.810621	208	43	4,299	0.80	3,420	27
397		Plx2	1.492347	41	16	7,876	0.50	3,941	39
397		Plx3	2.110891	10	2	11,892	0.74	8,794	60
397		Plx4	4.451105	8	1	21,264	0.72	15,249	209

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
398	Other Inflammatory Arthritis		0.764425	626	287	4,169	1.34	5,570	23
398		Plx1	0.475572	455	198	2,767	0.81	2,235	17
398		Plx2	0.900773	79	30	4,939	0.69	3,429	32
398		Plx3	0.944924	51	33	5,554	0.93	5,155	30
398		Plx4	3.251469	41	32	19,929	1.15	22,828	51
399	Orthopaedic Aftercare		0.847306	409	196	4,491	0.94	4,224	32
399		Plx1	0.568583	317	147	3,252	0.84	2,745	25
399		Plx2	1.463560	40	22	8,325	0.63	5,237	50
399		Plx3	1.246252	30	11	6,927	0.57	3,946	38
399		Plx4	2.658937	22	18	15,121	0.66	9,962	97
401	Other Musculoskeletal Malignancies		1.165809	53	25	6,946	0.63	4,362	26
401		Plx1	0.836815	34	15	5,383	0.66	3,534	14
401		Plx2	1.492622	10	6	8,500	0.46	3,893	48
401		Plx3	1.016038	6	3	6,384	0.47	3,010	29
401		Plx4	2.766041	3	2	16,814	0.34	5,698	51
402	Disc Disease		0.743378	921	274	3,751	0.79	2,976	24
402		Plx1	0.594827	818	232	3,225	0.73	2,358	21
402		Plx2	1.178642	62	25	6,498	0.72	4,674	44
402		Plx3	1.786421	19	9	9,535	0.83	7,922	63
402		Plx4	3.436035	22	14	19,687	0.72	14,109	114
404	Other Musculoskeletal Infections		0.447314	5	1	2,616	0.82	2,146	8
404		Plx1	0.407956	4	1	2,616	0.82	2,146	9
404		Plx2							
404		Plx3	0.407956	1					7
404		Plx4							
407	Other Musculoskeletal Disorders		0.573712	63	26	3,367	0.94	3,163	16
407		Plx1	0.432984	54	25	2,680	0.73	1,945	13
407		Plx2	0.957383	7	2	5,315	0.92	4,902	28
407		Plx3	1.183401	1		6,607	0.37	2,445	14
407		Plx4	1.413842	1		8,248	0.45	3,713	15

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
409	Back Pain (MNRH)		0.454932	1,001	207	2,327	0.79	1,844	14
409		Plx1	0.390755	917	189	2,143	0.77	1,641	14
409		Plx2	0.952314	57	16	5,412	0.75	4,055	33
409		Plx3	1.429936	17	9	8,291	0.78	6,444	42
409		Plx4	2.509920	10	3	13,955	0.64	8,964	72
411	Signs, Symptoms And Deformities (MNRH)		0.522897	517	194	2,729	0.74	2,015	16
411		Plx1	0.451298	437	160	2,546	0.72	1,839	16
411		Plx2	0.829939	43	19	4,624	0.77	3,555	38
411		Plx3	0.665930	33	13	3,767	0.65	2,430	20
411		Plx4	1.197639	4	2	7,468	0.93	6,913	55
413	Joint Derangements (MNRH)		0.436872	130	32	2,227	0.74	1,643	13
413		Plx1	0.365019	122	30	2,030	0.63	1,283	10
413		Plx2	0.578447	8	2	3,413	1.13	3,862	34
413		Plx3	0.308185			1,555	0.76	1,179	10
413		Plx4							7
414	Sprains Strains And Minor Injuries (MNRH)		0.471563	197	57	2,325	0.71	1,651	16
414		Plx1	0.402020	187	52	2,191	0.65	1,432	13
414		Plx2	0.526508	5	2	2,484	0.54	1,347	20
414		Plx3	0.716924	2	1	3,717	0.54	2,008	21
414		Plx4	2.110068	3	2	12,574	0.29	3,654	29
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.000816	258	194	5,860	0.98	5,743	16
425		Plx1	0.759089	226	168	4,683	0.80	3,754	13
425		Plx2	1.784296	16	13	11,567	0.62	7,117	23
425		Plx3	2.415401	13	11	15,036	0.86	12,878	22
425		Plx4	5.051340	3	3	33,709	0.42	14,188	120
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		3.116053	253	158	17,294	0.96	16,530	82
427		Plx1	1.851050	159	94	11,176	0.84	9,337	59
427		Plx2	3.492169	29	19	19,668	0.92	18,155	107
427		Plx3	3.532280	25	18	21,442	0.73	15,594	89
427		Plx4	8.419524	40	33	49,692	0.81	40,106	187

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
428	**Breast Procedures Except Biopsy And Local Excision Without Malignancy**		**0.611888**	**935**	**483**	**2,972**	**0.34**	**1,019**	**4**
428		Plx1	0.555755	913	475	2,931	0.32	936	4
428		Plx2	1.603792	16	14	10,081	0.59	5,983	17
428		Plx3	1.833576	5	5	11,245	0.58	6,578	17
428		Plx4	3.007012	1	1	17,424	0.53	9,282	28
429	**Total Mastectomy For Breast Malignancy**		**0.666827**	**1,010**	**725**	**3,356**	**0.69**	**2,309**	**7**
429		Plx1	0.534652	960	669	2,863	0.35	1,012	4
429		Plx2	1.460480	37	27	8,894	0.68	6,055	15
429		Plx3	1.554398	10	9	9,560	0.82	7,814	22
429		Plx4	2.004562	3	2	12,384	0.75	9,234	12
432	**Subtotal Mastectomy And Other Breast Procedures For Malignancy**		**0.529008**	**735**	**566**	**2,688**	**0.35**	**938**	**4**
432		Plx1	0.485368	718	555	2,666	0.35	921	4
432		Plx2	0.713602	13	11	4,078	0.27	1,087	11
432		Plx3	0.877059	3	1	4,643	0.42	1,939	25
432		Plx4	2.842072	1	1	15,394	0.68	10,430	55
434	**Breast Biopsy And Local Excision Without Malignancy**		**0.321705**	**63**	**20**	**1,590**	**0.39**	**613**	**1**
434		Plx1	0.292539	62	20	1,590	0.39	613	1
434		Plx2	0.476891	1	1	2,836	0.58	1,636	9
434		Plx3							82
434		Plx4							
435	**Perianal And Pilonidal Cyst Procedures**		**0.350860**	**106**	**27**	**1,654**	**0.49**	**815**	**4**
435		Plx1	0.320106	106	27	1,654	0.49	815	4
435		Plx2							
435		Plx3	0.429864			2,309	0.00	0	2
435		Plx4							
436	**Plastic Surgery**		**0.620075**	**62**	**39**	**3,401**	**0.59**	**1,991**	**4**
436		Plx1	0.558605	58	36	3,283	0.58	1,914	4
436		Plx2	0.857005	4	3	4,895	0.51	2,501	6
436		Plx3							
436		Plx4							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
437	**Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis**		**0.449397**	**125**	**63**	**2,464**	**0.50**	**1,223**	**4**
437		Plx1	0.403551	118	60	2,355	0.46	1,078	4
437		**Plx2**	**0.682474**	**4**	**3**	**4,212**	**0.49**	**2,074**	**8**
437		Plx3	1.392955	3	2	7,689	0.31	2,415	20
437		**Plx4**							**25**
438	**Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis**		**0.752192**	**112**	**70**	**4,112**	**0.81**	**3,339**	**19**
438		**Plx1**	**0.639791**	**96**	**62**	**3,738**	**0.71**	**2,641**	**16**
438		Plx2	1.593804	4	3	8,501	0.48	4,057	48
438		**Plx3**	**1.243716**	**8**	**6**	**7,168**	**0.62**	**4,429**	**57**
438		Plx4	2.066560	4	2	12,192	0.83	10,108	35
439	**Skin Ulcer**		**1.679962**	**170**	**54**	**8,216**	**0.84**	**6,885**	**56**
439		Plx1	1.099824	75	22	5,847	1.00	5,820	46
439		**Plx2**	**1.535665**	**28**	**8**	**7,926**	**0.86**	**6,834**	**51**
439		Plx3	1.710754	44	14	9,180	0.62	5,731	63
439		**Plx4**	**3.262290**	**23**	**13**	**17,294**	**0.64**	**11,068**	**105**
440	**Major Skin Disorders**		0.908715	137	50	5,134	1.01	5,182	23
440		**Plx1**	**0.694696**	**108**	**37**	**4,157**	**0.89**	**3,681**	**17**
440		Plx2	0.879028	13	5	5,123	0.64	3,279	32
440		**Plx3**	**1.146835**	**11**	**7**	**6,842**	**0.81**	**5,534**	**30**
440		Plx4	1.427591	5	1	8,979	0.85	7,664	58
443	**Malignant Breast Disorders**		**1.232568**	**66**	**16**	**6,944**	**0.85**	**5,888**	**39**
443		Plx1	1.038705	28	7	6,159	1.13	6,943	32
443		**Plx2**	**0.886093**	**21**	**4**	**5,041**	**0.67**	**3,395**	**60**
443		Plx3	1.808759	13	5	11,964	0.92	11,000	47
443		**Plx4**	**2.540713**	**4**		**13,827**	**0.69**	**9,479**	**94**
446	**Non-Malignant Breast Disorders**		0.422941	68	20	2,021	0.38	763	7
446		**Plx1**	**0.387483**	**66**	**20**	**2,021**	**0.38**	**763**	**7**
446		Plx2	0.387483	1					32
446		**Plx3**							**1**
446		Plx4	2.179089	1	1	14,325	0.00	0	18

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
447	Cellulitis		0.640712	1,965	656	3,279	0.74	2,424	15
447		Plx1	0.510654	1,548	482	2,811	0.71	1,997	14
447		Plx2	0.856159	229	98	4,758	0.76	3,619	28
447		Plx3	1.041573	130	61	5,702	0.69	3,913	34
447		Plx4	1.819597	58	37	10,332	0.74	7,634	63
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.367805	205	40	2,112	0.80	1,696	7
452		Plx1	0.316520	195	36	1,942	0.82	1,599	4
452		Plx2	0.606048	8	1	3,221	0.65	2,087	15
452		Plx3	0.555582	1	1	3,182	0.91	2,896	16
452		Plx4	2.414989	1	1	14,971	0.65	9,739	15
454	Minor Skin Disorders		0.424867	387	116	2,134	0.78	1,660	10
454		Plx1	0.357596	335	91	1,938	0.80	1,544	10
454		Plx2	0.594165	29	15	3,145	0.71	2,249	20
454		Plx3	0.580149	16	11	3,035	0.67	2,047	19
454		Plx4	1.573815	7	4	9,449	0.83	7,822	41
476	PWS - Adrenal And Pituitary Procedures		1.504524	128	114	9,172	0.46	4,199	15
476		Plx1	1.213296	92	81	7,696	0.37	2,817	9
476		Plx2	1.801632	13	12	11,643	0.29	3,332	16
476		Plx3	2.333576	11	10	14,782	0.54	7,930	31
476		Plx4	4.188286	12	12	28,329	0.74	20,960	55
477	Parathyroid Procedures		0.705706	135	110	4,052	0.47	1,915	7
477		Plx1	0.628539	116	99	3,802	0.46	1,733	7
477		Plx2	1.019649	7	5	6,106	0.44	2,686	10
477		Plx3	1.332415	8	8	8,358	0.50	4,185	20
477		Plx4	2.242989	4	4	14,161	0.65	9,233	44
478	Obesity Procedures		0.734749	324	49	3,723	0.33	1,239	8
478		Plx1	0.669191	302	45	3,632	0.33	1,207	8
478		Plx2	0.952364	12	3	5,250	0.19	998	9
478		Plx3	0.944578	6		5,040	0.32	1,614	11
478		Plx4	4.125930	4	3	24,023	0.96	23,083	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
479	Thyroid Procedures		0.634450	661	447	3,359	0.42	1,395	4
479		Plx1	0.576740	619	423	3,251	0.40	1,308	4
479		Plx2	0.892669	6	5	5,066	0.26	1,320	6
479		Plx3	0.891366	26	20	5,574	0.30	1,664	9
479		Plx4	3.626114	10	9	23,587	0.98	23,113	56
480	Thyroglossal Procedures		0.425205	49	28	2,379	0.27	636	4
480		Plx1	0.395345	48	27	2,363	0.27	635	3
480		Plx2	0.556069	1	1	3,053	0.00	0	2
480		Plx3							
480		Plx4							
482	Other Endocrine, Nutrition And Metabolic Procedures		1.377864	50	22	8,252	1.18	9,713	31
482		Plx1	0.687633	32	10	4,245	0.74	3,154	13
482		Plx2	2.948371	6	5	17,770	0.78	13,801	52
482		Plx3	1.978362	4	3	12,076	0.88	10,615	25
482		Plx4	6.030199	8	6	38,355	0.64	24,455	126
483	Diabetes		0.583904	2,693	866	3,002	0.91	2,745	17
483		Plx1	0.408061	2,006	609	2,281	0.79	1,810	14
483		Plx2	0.784993	365	129	4,160	0.73	3,026	27
483		Plx3	0.847810	204	77	4,578	0.71	3,229	25
483		Plx4	1.788609	118	72	10,482	0.97	10,187	47
485	Nutritional And Miscellaneous Metabolic Disorders		0.623969	2,524	1014	3,294	0.88	2,900	17
485		Plx1	0.440234	1,794	620	2,442	0.78	1,907	13
485		Plx2	0.773842	400	211	4,411	0.81	3,589	24
485		Plx3	0.940267	225	143	5,487	0.85	4,687	30
485		Plx4	2.013084	105	77	11,995	0.85	10,252	60
487	Cystic Fibrosis		1.822291	94	74	11,343	0.71	8,084	28
487		Plx1	1.470430	64	49	9,708	0.51	4,947	28
487		Plx2	1.718043	16	15	11,320	0.52	5,910	33
487		Plx3	2.404301	7	4	15,446	0.58	8,950	36
487		Plx4	3.665394	7	7	23,289	0.84	19,493	44

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2001/2002 Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
488	**Inborn Errors Of Metabolism**		**0.882686**	**71**	**42**	**5,558**	**0.97**	**5,379**	**16**
488		Plx1	0.572099	46	27	3,808	0.86	3,275	10
488		**Plx2**	**0.950479**	**10**	**5**	**6,148**	**0.67**	**4,129**	**29**
488		Plx3	1.224542	12	7	8,302	0.57	4,753	34
488		**Plx4**	**4.667444**	**3**	**2**	**32,426**	**0.86**	**27,790**	**65**
489	Endocrine Disorders		0.601831	562	235	3,454	0.80	2,763	16
489		**Plx1**	**0.433954**	**464**	**181**	**2,635**	**0.49**	**1,286**	**10**
489		Plx2	0.963072	66	39	5,683	0.96	5,457	34
489		**Plx3**	**1.361613**	**24**	**16**	**8,420**	**0.63**	**5,332**	**34**
489		Plx4	2.310465	8	5	14,145	0.94	13,278	46
500	**PWS - Kidney Transplant**		**2.724109**	**146**	**134**	**16,965**	**0.44**	**7,491**	**22**
500		Plx1	1.972418	61	52	13,010	0.25	3,230	12
500		**Plx2**	**2.132961**	**28**	**24**	**14,070**	**0.28**	**3,887**	**15**
500		Plx3	2.668036	29	28	17,621	0.37	6,525	25
500		**Plx4**	**4.124153**	**28**	**27**	**26,775**	**0.41**	**10,877**	**42**
501	Urinary Diversion And Augmentation		2.342818	110	97	12,452	0.44	5,426	33
501		**Plx1**	**1.839657**	**75**	**68**	**10,743**	**0.35**	**3,708**	**23**
501		Plx2	2.325176	21	19	13,543	0.32	4,284	28
501		**Plx3**	**2.465112**	**6**	**2**	**14,196**	**0.17**	**2,462**	**36**
501		Plx4	6.350337	8	8	40,351	0.99	40,025	121
502	**Radical Prostatectomy**		**1.112275**	**713**	**626**	**5,586**	**0.24**	**1,333**	**10**
502		Plx1	0.991442	607	538	5,431	0.22	1,173	10
502		**Plx2**	**1.048722**	**68**	**59**	**6,135**	**0.24**	**1,479**	**13**
502		Plx3	1.475638	27	25	8,183	0.35	2,828	22
502		**Plx4**	**1.423760**	**11**	**8**	**8,169**	**0.24**	**1,964**	**18**
503	Dialysis Procedures		2.121796	107	83	13,231	1.11	14,751	68
503		**Plx1**	**0.671616**	**42**	**33**	**4,511**	**0.60**	**2,715**	**14**
503		Plx2	2.059510	18	12	13,755	0.76	10,420	71
503		**Plx3**	**2.162098**	**18**	**15**	**14,162**	**0.86**	**12,236**	**59**
503		Plx4	8.116278	29	24	52,376	0.66	34,607	187

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
504	Major Urinary Tract Procedures		1.218270	693	583	6,539	0.47	3,106	13
504		Plx1	1.027578	540	472	5,974	0.42	2,509	12
504		Plx2	1.506659	76	63	8,733	0.46	4,044	17
504		Plx3	1.670057	51	44	9,819	0.49	4,826	24
504		Plx4	3.465471	26	24	21,263	0.71	15,200	45
505	Reconstructive Urological Procedures		1.130865	90	70	5,599	0.57	3,196	15
505		Plx1	0.879821	70	57	4,652	0.45	2,070	12
505		Plx2	1.294253	7	5	7,217	0.39	2,807	16
505		Plx3	1.793341	4	2	10,396	0.36	3,752	17
505		Plx4	2.406829	9	7	12,548	0.35	4,374	36
506	Open Prostatectomy		0.847795	64	27	4,537	0.34	1,554	13
506		Plx1	0.681550	53	17	4,062	0.27	1,096	10
506		Plx2	1.094203	6	6	5,751	0.27	1,533	13
506		Plx3	1.497623	4	3	8,054	0.62	5,025	33
506		Plx4	1.207953	1	1	6,362	0.42	2,658	9
507	Vascular And Other Urinary Procedures		1.867692	49	33	9,964	1.04	10,330	42
507		Plx1	0.845927	24	18	4,926	0.62	3,077	19
507		Plx2	1.734141	4	2	9,818	0.44	4,359	31
507		Plx3	2.747662	8	5	17,157	0.85	14,582	93
507		Plx4	7.913456	13	13	46,741	1.02	47,575	166
508	Minor Upper Urinary Tract Procedures		1.143148	316	265	6,077	0.56	3,398	18
508		Plx1	0.909897	256	213	5,276	0.41	2,164	12
508		Plx2	1.459238	29	28	8,169	0.54	4,433	29
508		Plx3	1.788049	16	15	10,285	0.54	5,520	36
508		Plx4	3.560756	15	11	20,373	0.82	16,709	66
509	Minor Lower Urinary Tract Procedures		0.716802	123	93	3,579	0.67	2,385	10
509		Plx1	0.631378	113	89	3,461	0.66	2,274	10
509		Plx2	1.053285	7	5	5,659	0.66	3,737	21
509		Plx3	1.845368	2	2	9,898	0.63	6,275	37
509		Plx4	3.990559	1	1	21,551	1.20	25,758	60

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
510	**Transurethral Prostatectomy**		**0.546084**	**1,204**	**837**	**2,498**	**0.40**	**987**	**7**
510		Plx1	0.483160	1,138	807	2,459	0.39	955	7
510		**Plx2**	**0.800087**	**39**	**24**	**4,387**	**0.41**	**1,787**	**15**
510		Plx3	0.966604	16	11	5,019	0.46	2,316	29
510		**Plx4**	**1.659704**	**11**	**8**	**9,233**	**0.59**	**5,485**	**50**
512	**Other Transurethral Or Biopsy Procedures (MNRH)**		**0.464083**	**1,355**	**927**	**2,125**	**0.58**	**1,236**	**7**
512		**Plx1**	**0.407687**	**1,304**	**908**	**2,088**	**0.58**	**1,217**	**7**
512		Plx2	0.725965	20	16	3,752	0.54	2,037	18
512		**Plx3**	**1.284266**	**17**	**10**	**6,959**	**0.76**	**5,257**	**33**
512		Plx4	2.199901	14	10	11,816	0.74	8,794	47
514	**Miscellaneous Urinary Tract Procedures (MNRH)**		**0.600919**	**8**	**3**	**2,734**	**0.35**	**970**	**10**
514		Plx1	0.548283	6	2	2,733	0.37	1,000	7
514		**Plx2**	**0.528893**	**1**	**1**	**2,855**	**0.05**	**133**	**4**
514		Plx3	0.285111	1		1,532	0.00	0	13
514		**Plx4**							
520	**Renal Failure With Dialysis**		**2.310353**	**242**	**192**	**13,732**	**0.87**	**11,974**	**63**
520		**Plx1**	**1.059368**	**72**	**57**	**6,666**	**0.73**	**4,897**	**37**
520		Plx2	1.800167	50	41	11,630	0.73	8,527	46
520		**Plx3**	**2.116737**	**44**	**35**	**13,477**	**0.71**	**9,551**	**64**
520		Plx4	3.927173	76	65	24,414	0.69	16,904	92
521	**Renal Failure Without Dialysis**		**1.031248**	**999**	**458**	**5,283**	**0.98**	**5,171**	**30**
521		Plx1	0.660648	431	171	3,715	0.79	2,949	23
521		**Plx2**	**0.868877**	**273**	**133**	**4,764**	**0.74**	**3,539**	**30**
521		Plx3	1.151322	197	108	6,427	0.81	5,203	37
521		**Plx4**	**2.536838**	**98**	**55**	**14,139**	**0.91**	**12,904**	**62**
522	**Urinary Neoplasm**		**1.243758**	**383**	**173**	**6,384**	**0.88**	**5,603**	**42**
522		**Plx1**	**0.708712**	**175**	**73**	**3,946**	**0.87**	**3,447**	**26**
522		Plx2	1.146525	113	37	6,393	0.82	5,232	43
522		**Plx3**	**1.420707**	**56**	**32**	**7,694**	**0.68**	**5,201**	**54**
522		Plx4	1.871664	39	27	10,920	0.60	6,590	67

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
524	**Nephrotic Syndrome**		**0.627644**	**85**	**50**	**3,801**	**0.77**	**2,939**	**20**
524		Plx1	0.483620	72	41	3,041	0.67	2,039	16
524		**Plx2**	**0.617010**	**5**	**4**	**4,093**	**0.56**	**2,277**	**24**
524		Plx3	0.986675	7	5	6,610	0.69	4,535	29
524		**Plx4**	**1.789896**	**1**	**1**	**10,825**	**0.55**	**5,924**	**37**
525	**Nephropathy Without Nephrotic Syndrome**		0.584174	69	31	3,541	0.83	2,935	14
525		**Plx1**	**0.349106**	**44**	**18**	**2,231**	**0.59**	**1,311**	**10**
525		Plx2	0.528677	9	3	3,508	1.15	4,049	18
525		**Plx3**	**0.687069**	**11**	**7**	**4,356**	**0.49**	**2,124**	**15**
525		Plx4	1.333581	5	3	8,461	0.47	3,966	38
526	**Miscellaneous Nephrological Diagnosis**		**0.672373**	**31**	**14**	**3,548**	**0.62**	**2,216**	**14**
526		Plx1	0.504532	21	7	2,715	0.50	1,353	13
526		**Plx2**	**0.706390**	**4**	**3**	**4,655**	**0.52**	**2,407**	**12**
526		Plx3	0.735012	4	3	3,640	0.59	2,157	17
526		**Plx4**	**1.728481**	**2**	**1**	**10,280**	**0.64**	**6,545**	**40**
527	**Upper Urinary Tract Infection**		0.491933	1,154	415	2,560	0.64	1,632	11
527		**Plx1**	**0.400321**	**983**	**337**	**2,248**	**0.60**	**1,349**	**8**
527		Plx2	0.634976	82	32	3,545	0.65	2,288	15
527		**Plx3**	**0.698243**	**57**	**30**	**3,952**	**0.64**	**2,526**	**18**
527		Plx4	1.309199	32	18	7,639	0.64	4,889	31
529	**Lower Urinary Tract Infection**		**0.647987**	**1,705**	**688**	**3,353**	**0.71**	**2,379**	**17**
529		Plx1	0.505688	1,257	444	2,807	0.64	1,797	14
529		**Plx2**	**0.714665**	**259**	**137**	**4,001**	**0.71**	**2,825**	**21**
529		Plx3	0.790199	122	69	4,467	0.61	2,739	24
529		**Plx4**	**1.781341**	**67**	**51**	**10,410**	**0.84**	**8,695**	**53**
532	**Urinary Retention And Other Functional Disorders Of Bladder**		0.379956	227	72	1,891	0.78	1,477	16
532		**Plx1**	**0.322469**	**188**	**65**	**1,771**	**0.70**	**1,240**	**13**
532		Plx2	0.543388	33	7	2,724	0.98	2,666	23
532		**Plx3**	**0.550187**	**4**		**3,047**	**0.65**	**1,966**	**28**
532		Plx4	4.858850	2	1	21,302	1.11	23,734	184

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
534	**Miscellaneous Urological Diagnoses (MNRH)**		**0.627815**	**261**	**130**	**3,231**	**1.01**	**3,279**	**16**
534		Plx1	0.433857	191	98	2,456	0.83	2,050	13
534		Plx2	0.756092	46	17	3,899	0.95	3,686	14
534		Plx3	1.025651	12	9	5,816	0.62	3,589	26
534		Plx4	2.256297	12	7	12,660	0.61	7,774	41
535	**Hematuria (MNRH)**		**0.366186**	**166**	**84**	**1,781**	**0.65**	**1,153**	**10**
535		Plx1	0.324160	133	68	1,753	0.65	1,136	10
535		Plx2	0.348703	28	14	1,810	0.71	1,283	14
535		Plx3	0.557121	3	2	3,072	0.45	1,385	8
535		Plx4	1.124467	2		5,704	0.59	3,367	17
536	**Urinary Obstruction (MNRH)**		**0.347740**	**2,143**	**711**	**1,617**	**0.66**	**1,066**	**7**
536		Plx1	0.297534	1,958	645	1,531	0.64	980	7
536		Plx2	0.538400	127	50	2,863	0.67	1,906	14
536		Plx3	0.811690	39	25	4,303	0.67	2,876	17
536		Plx4	1.363545	19	12	7,371	0.55	4,057	42
538	**Admission For Dialysis (MNRH)**		**0.199219**	**1**	**1**	**1,222**	**0.27**	**325**	**1**
538		Plx1							7
538		Plx2	0.195393	1	1	1,222	0.27	325	1
538		Plx3	1.103745			6,706	0.00	0	6
538		Plx4							
550	**Major Pelvic And Retroperitoneum Procedures**		**0.795919**	**2**	**1**	**5,134**	**0.50**	**2,567**	**5**
550		Plx1	0.750382	2	1	5,134	0.50	2,567	5
550		Plx2							
550		Plx3							
550		Plx4							
551	**Penis Procedures**		**0.722508**	**69**	**58**	**4,032**	**0.51**	**2,057**	**7**
551		Plx1	0.653790	66	55	3,875	0.52	2,031	6
551		Plx2	0.775399	2	1	5,002	0.21	1,067	8
551		Plx3	1.908879	1	1	11,863	0.56	6,608	35
551		Plx4	2.619419			14,028	0.61	8,544	24

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
552	**Testes Procedures**		**0.429082**	**135**	**75**	**2,148**	**0.47**	**1,001**	**7**
552		Plx1	0.368574	131	69	2,020	0.40	807	4
552		Plx2	1.609317	4	3	10,143	0.66	6,647	50
552		Plx3	1.803400			9,210	0.19	1,757	23
552		Plx4	1.453334			8,018	0.94	7,528	23
554	**Miscellaneous Male Reproductive System Procedures (MNRH)**		**0.330080**	**179**	**58**	**1,668**	**0.45**	**754**	**1**
554		Plx1	0.300375	175	57	1,646	0.45	734	1
554		Plx2	0.446151	2	2	2,762	0.29	805	6
554		Plx3	1.611489	2	1	9,978	1.26	12,601	25
554		Plx4							8
555	**Circumcision (MNRH)**		**0.289987**	**61**	**7**	**1,840**	**0.21**	**386**	**1**
555		Plx1	0.271498	60	7	1,840	0.21	386	1
555		Plx2	0.252211			1,355	0.00	0	19
555		Plx3	1.387451	1	1	5,202	0.00	0	7
555		Plx4							
560	**Malignancy Of Male Reproductive Organ**		**0.510098**	**4**	**3**	**2,779**	**0.36**	**1,012**	**9**
560		Plx1	0.527774	3	2	3,007	0.45	1,346	10
560		Plx2							
560		Plx3	0.563755	1	1	3,701	0.00	0	11
560		Plx4							
561	**Male Reproductive System Inflammation**		**0.555442**	**119**	**42**	**2,626**	**0.68**	**1,780**	**14**
561		Plx1	0.415697	106	36	2,166	0.58	1,246	11
561		Plx2	0.951078	10	5	5,265	0.49	2,555	24
561		Plx3	0.740587	3	2	3,941	0.66	2,592	20
561		Plx4	0.677041			3,745	0.66	2,456	10
562	**Other Male Reproductive System Diagnoses**		**0.320951**	**16**	**11**	**1,517**	**0.78**	**1,188**	**10**
562		Plx1	0.266943	14	10	1,401	0.80	1,123	10
562		Plx2	0.583319	2	1	3,150	0.27	866	53
562		Plx3							73
562		Plx4							

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		0.312314	30	7	1,432	0.22	318	4
563		Plx1	0.281423	30	7	1,432	0.22	318	4
563		Plx2	0.336301			1,807	0.00	0	4
563		Plx3							
563		Plx4							
575	PWS - Pelvic Exenteration		5.414333	4	4	33,698	0.49	16,497	71
575		Plx1							28
575		Plx2	3.440567	1	1	19,254	0.44	8,451	29
575		Plx3	3.222464	1	1	21,184	0.00	0	18
575		Plx4	6.647719	2	2	42,196	0.29	12,300	80
576	PWS - Radical Hysterectomy And Vulvectomy		1.294245	167	156	7,367	0.30	2,195	14
576		Plx1	1.122696	96	91	6,433	0.27	1,714	13
576		Plx2	1.314804	35	34	8,031	0.28	2,222	14
576		Plx3	1.525017	23	23	9,307	0.29	2,674	19
576		Plx4	1.827677	13	11	10,548	0.28	2,937	22
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		1.349695	171	140	7,500	0.50	3,736	22
577		Plx1	1.040861	106	86	5,865	0.39	2,263	15
577		Plx2	1.529485	33	32	9,148	0.43	3,949	21
577		Plx3	1.764564	20	14	10,843	0.38	4,113	22
577		Plx4	3.281963	12	11	19,855	0.60	11,955	59
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		0.878662	338	236	4,530	0.41	1,872	9
578		Plx1	0.737352	278	183	3,951	0.33	1,306	6
578		Plx2	1.050963	35	31	6,018	0.32	1,899	13
578		Plx3	1.553294	15	12	8,883	0.59	5,213	20
578		Plx4	1.885464	10	9	10,706	0.57	6,081	25
579	Major Uterine And Adnexal Procedures Without Malignancy		0.697252	5,918	4042	3,345	0.36	1,213	6
579		Plx1	0.634870	5,329	3765	3,294	0.36	1,199	8
579		Plx2	0.885012	334	268	4,818	0.36	1,748	12
579		Plx3	1.070228	180	131	5,882	0.44	2,595	13
579		Plx4	1.591904	75	60	8,763	0.60	5,295	20

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
581	**Reconstructive Gynecological Procedures**		**0.693457**	**1,247**	**886**	**3,416**	**0.46**	**1,562**	**8**
581		Plx1	0.610573	1,125	803	3,184	0.42	1,325	8
581		Plx2	0.915537	75	62	5,407	0.38	2,068	13
581		Plx3	1.151182	35	22	6,425	0.53	3,432	13
581		Plx4	1.468367	12	8	8,364	0.43	3,604	23
582	Other Gynecological Procedures		0.655216	139	71	3,246	0.68	2,213	10
582		Plx1	0.546110	120	65	2,913	0.59	1,718	10
582		Plx2	1.497242	11	7	8,240	0.52	4,253	19
582		Plx3	1.371014	6	3	7,536	0.62	4,679	24
582		Plx4	3.157241	2	2	17,249	0.48	8,282	95
583	Radio-Implant For Malignancy		0.648448	76	28	4,022	0.09	356	8
583		Plx1	0.632480	71	28	4,022	0.09	356	8
583		Plx2	0.632480	3					12
583		Plx3	0.866041	1		5,075	0.79	4,035	10
583		Plx4	0.866041	1					9
584	Vagina, Cervix And Vulva Procedures		0.416814	122	90	2,336	0.55	1,283	7
584		Plx1	0.379029	114	85	2,221	0.48	1,070	7
584		Plx2	0.928866	7	6	5,772	0.59	3,421	15
584		Plx3	0.945629	1	1	5,400	0.55	2,988	12
584		Plx4							
585	Gynecological Laparoscopy (MNRH)		0.447622	127	67	2,187	0.47	1,028	7
585		Plx1	0.414683	125	67	2,187	0.47	1,028	7
585		Plx2	0.257995	2		1,381	0.90	1,242	19
585		Plx3	0.310329			1,650	0.49	814	7
585		Plx4	1.207900			7,498	0.00	0	9
586	Tubal Interruption (MNRH)		0.524384	86	10	1,887	0.61	1,158	4
586		Plx1	0.464416	85	10	1,887	0.61	1,158	4
586		Plx2							
586		Plx3							
586		Plx4	0.464416	1					2

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
587	Miscellaneous Gynecological Procedures (MNRH)		0.247618	411	263	1,213	0.57	693	4
587		Plx1	0.224976	397	256	1,192	0.56	663	4
587		Plx2	1.100757	7	3	6,056	0.94	5,705	27
587		Plx3	0.357259	5	4	2,065	0.69	1,427	17
587		Plx4	2.165581	2	2	11,022	1.24	13,660	50
592	Malignancy Of Female Reproductive Organ		1.029913	136	53	5,485	0.80	4,361	36
592		Plx1	0.692265	76	23	3,859	0.74	2,859	23
592		Plx2	1.124212	35	17	6,462	0.77	4,972	54
592		Plx3	1.173095	15	6	6,435	0.77	4,935	40
592		Plx4	1.680233	10	6	10,144	0.66	6,647	82
594	Female Reproductive System Infection		0.365541	254	92	1,803	0.60	1,074	8
594		Plx1	0.337692	244	88	1,794	0.60	1,076	8
594		Plx2	0.392305	8	3	2,211	0.51	1,120	13
594		Plx3	0.229718	2	1	1,208	0.54	651	10
594		Plx4							2
595	Other Female Reproductive System Diagnoses And Injuries		0.298688	148	71	1,559	0.64	1,003	7
595		Plx1	0.263983	142	66	1,457	0.61	895	7
595		Plx2	0.479447	3	2	2,782	0.40	1,114	16
595		Plx3	0.622356	3	3	3,731	0.42	1,553	12
595		Plx4							2
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.266846	648	254	1,370	0.78	1,074	7
596		Plx1	0.240916	626	246	1,311	0.76	998	7
596		Plx2	0.364278	12	5	2,099	0.66	1,381	11
596		Plx3	0.587495	9	3	3,799	0.91	3,454	27
596		Plx4	1.124371	1	1	6,417	0.60	3,847	35
599	Premature Labour		0.517498	696	403	2,591	0.73	1,879	10
599		Plx9	0.488937	696	403	2,591	0.73	1,879	10
600	Major Procedures In Pregnancy Or Childbirth		1.652830	94	71	8,169	0.79	6,421	16
600		Plx9	1.534502	94	71	8,169	0.79	6,421	16

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.659656	1,040	741	3,321	0.36	1,207	6
601		Plx9	0.612306	1,040	741	3,321	0.36	1,207	6
602	Caesarean Delivery With Complicating Diagnosis		0.806419	2,655	1842	4,060	0.46	1,872	9
602		Plx9	0.751602	2,655	1842	4,060	0.46	1,872	9
603	Repeat Caesarean Delivery		0.538117	1,815	973	2,590	0.36	935	3
603		Plx9	0.494841	1,815	973	2,590	0.36	935	3
604	Caesarean Delivery		0.678814	2,805	1835	3,347	0.30	989	6
604		Plx9	0.625599	2,805	1835	3,347	0.30	989	6
605	Fetal Surgery		0.442321	2	2	2,406	0.41	995	13
605		Plx9	0.436062	2	2	2,406	0.41	995	13
606	Vaginal Delivery With Sterilization Procedures		0.639261	129	32	2,604	0.33	860	5
606		Plx9	0.580458	129	32	2,604	0.33	860	5
607	Vaginal Delivery With Minor Procedures		0.614099	222	130	2,872	0.55	1,579	5
607		Plx9	0.568166	222	130	2,872	0.55	1,579	5
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.458350	521	395	2,357	0.50	1,174	7
608		Plx9	0.429202	521	395	2,357	0.50	1,174	7
609	Vaginal Delivery With Complicating Diagnosis		0.449301	10,525	7664	2,255	0.51	1,145	7
609		Plx9	0.417767	10,525	7664	2,255	0.51	1,145	7
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.396253	703	462	1,934	0.41	790	4
610		Plx9	0.365882	703	462	1,934	0.41	790	4
611	Vaginal Delivery		0.347952	16,620	10030	1,694	0.45	767	4
611		Plx9	0.320980	16,620	10030	1,694	0.45	767	4
612	Ectopic Pregnancy With Major Procedures		0.570017	261	162	2,831	0.51	1,450	7
612		Plx9	0.528398	261	162	2,831	0.51	1,450	7
613	Ectopic Pregnancy With Minor Procedures		0.429136	227	176	2,150	0.34	733	4
613		Plx9	0.399005	227	176	2,150	0.34	733	4
614	Ectopic Pregnancy		0.121479	76	39	613	0.61	373	1
614		Plx9	0.114624	76	39	613	0.61	373	1
615	Threatened Abortion		0.236646	292	72	1,051	0.85	894	4

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
615		Plx9	0.217145	292	72	1,051	0.85	894	4
616	Abortive Outcome With Injection		0.540861	11	6	3,369	0.19	632	4
616		Plx9	0.527253	11	6	3,369	0.19	632	4
617	Abortive Outcome With D And C		0.175313	1,473	867	850	0.46	392	1
617		Plx9	0.161540	1,473	867	850	0.46	392	1
618	Abortive Outcome		0.229812	521	165	1,053	0.75	792	4
618		Plx9	0.211894	521	165	1,053	0.75	792	4
619	False Labour LOS < 3 Days (MNRH)		0.177609	1,347	429	871	0.63	553	1
619		Plx9	0.164723	1,347	429	871	0.63	553	1
620	Post-Partum Diagnosis With Procedures Other Than D And C		0.776993	51	34	3,905	0.56	2,183	14
620		Plx9	0.720493	51	34	3,905	0.56	2,183	14
621	Post-Partum Diagnosis With D And C		0.243188	231	139	1,167	0.66	768	4
621		Plx9	0.225054	231	139	1,167	0.66	768	4
622	Post-Partum Diagnosis		0.309787	779	422	1,581	0.85	1,337	7
622		Plx9	0.290202	779	422	1,581	0.85	1,337	7
623	Antepartum Diagnosis With Complicating Diagnosis		0.331262	1,550	705	1,661	0.70	1,169	7
623		Plx9	0.309444	1,550	705	1,661	0.70	1,169	7
624	Antepartum Diagnosis		0.255462	2,008	811	1,241	0.68	845	4
624		Plx9	0.237561	2,008	811	1,241	0.68	845	4
625	PWS - Neonates Weight < 750 Grams		9.242777	147	102	54,732	1.22	66,537	100
625		Plx9	8.956716	147	102	54,732	1.22	66,537	100
626	PWS - Neonates Weight 750-999 Grams		12.248961	116	105	70,344	0.79	55,471	177
626		Plx9	11.828957	116	105	70,344	0.79	55,471	177
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		7.525930	14	14	41,263	0.53	22,023	93
627		Plx9	7.227180	14	14	41,263	0.53	22,023	93
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		5.752676	370	328	31,285	0.96	30,135	98
628		Plx9	5.465494	370	328	31,285	0.96	30,135	98
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		7.026912	8	7	42,405	0.94	39,653	60
630		Plx9	6.649223	8	7	42,405	0.94	39,653	60

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		3.818641	179	160	21,253	0.87	18,425	65
631		Plx9	3.613791	179	160	21,253	0.87	18,425	65
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.081809	640	515	10,543	0.84	8,855	47
632		Plx9	1.938236	640	515	10,543	0.84	8,855	47
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		3.025859	12	11	18,214	1.03	18,779	40
636		Plx9	2.803690	12	11	18,214	1.03	18,779	40
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.650917	232	195	14,592	1.14	16,700	42
637		Plx9	2.495862	232	195	14,592	1.14	16,700	42
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.686903	297	241	8,891	0.88	7,854	31
638		Plx9	1.577028	297	241	8,891	0.88	7,854	31
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.877177	1,063	811	4,361	0.91	3,964	21
639		Plx9	0.813531	1,063	811	4,361	0.91	3,964	21
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.197746	350	227	983	0.57	564	4
640		Plx9	0.183782	350	227	983	0.57	564	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		4.783730	44	31	29,028	1.20	34,907	42
643		Plx9	4.480656	44	31	29,028	1.20	34,907	42
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.773085	911	649	10,241	1.29	13,179	20
644		Plx9	1.665385	911	649	10,241	1.29	13,179	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.656310	1,722	1099	3,543	1.27	4,483	11
645		Plx9	0.613786	1,722	1099	3,543	1.27	4,483	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.300253	6,818	4537	1,471	0.42	618	6
646		Plx9	0.277041	6,818	4537	1,471	0.42	618	6
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.339982	3,418	1994	1,802	1.03	1,864	7
647		Plx9	0.317556	3,418	1994	1,802	1.03	1,864	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.156997	24,801	15900	763	0.64	492	4
648		Plx9	0.144914	24,801	15900	763	0.64	492	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		13.024877	131	117	77,823	0.61	47,156	131
650		Plx1	3.540681	7	4	23,402	0.72	16,835	45
650		Plx2	3.043901	2	2	17,242	0.24	4,089	43

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
650		Plx3	5.410263	3	3	33,065	0.26	8,573	133
650		Plx4	13.500192	119	108	85,164	0.55	46,692	135
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		6.053228	2	2	35,381	0.49	17,173	83
651		Plx9	6.057163	2	2	35,654	0.48	17,200	83
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		7.422399	1	1	44,078	0.74	32,538	120
652		Plx9	6.503820	1	1	39,119	0.63	24,518	120
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		6.021298	27	24	36,678	0.69	25,145	70
653		Plx9	5.756464	27	24	36,678	0.69	25,145	70
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		6.233726	7	5	38,776	1.17	45,408	64
654		Plx9	5.838717	7	5	38,776	1.17	45,408	64
655	PWS - Spinal Procedures With Femur Procedures For Trauma		4.079164	7	6	25,372	0.44	11,154	40
655		Plx9	3.812510	7	6	25,372	0.44	11,154	40
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		6.693796	3	3	42,065	0.63	26,562	48
656		Plx9	6.288222	3	3	42,065	0.63	26,562	48
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.455494	13	12	26,371	0.65	17,011	51
657		Plx9	4.252662	13	12	26,371	0.65	17,011	51
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		3.390981	105	88	20,303	0.64	13,061	50
658		Plx9	3.214916	105	88	20,303	0.64	13,061	50
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		4.228657	27	21	25,249	0.81	20,531	55
659		Plx9	4.072525	27	21	25,249	0.81	20,531	55
660	PWS - Intracranial Procedures For Trauma		2.817273	138	121	17,346	0.88	15,215	34
660		Plx1	1.271593	55	49	8,251	0.65	5,392	15
660		Plx2	1.954442	26	25	12,564	0.56	7,039	34
660		Plx3	2.887410	14	14	19,141	0.58	11,071	38
660		Plx4	5.534342	43	33	35,311	0.54	18,902	54
661	PWS - Spinal Procedures For Trauma		2.503949	176	161	15,068	0.62	9,356	30
661		Plx1	1.800183	116	110	11,424	0.46	5,290	23
661		Plx2	3.022895	25	24	18,951	0.39	7,445	32
661		Plx3	2.980561	16	15	18,716	0.38	7,037	27

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
661		Plx4	7.735271	19	19	49,489	0.76	37,528	70
662	Femur Or Pelvic Procedures For Trauma		1.506037	1,602	1153	8,340	0.54	4,499	29
662		Plx1	1.155182	1,108	787	6,850	0.41	2,789	20
662		Plx2	1.776534	239	183	10,450	0.57	5,965	40
662		Plx3	2.117994	131	101	12,387	0.47	5,770	47
662		Plx4	3.319685	124	101	19,702	0.63	12,465	76
663	Thoraco-Abdominal Procedures For Trauma		1.847565	231	161	10,915	0.84	9,157	23
663		Plx1	1.147060	95	66	7,075	0.47	3,338	16
663		Plx2	1.342269	49	32	8,161	0.54	4,411	21
663		Plx3	2.003009	32	27	12,805	0.57	7,240	27
663		Plx4	4.657310	55	44	29,099	0.76	21,984	56
664	Wound Debridement And Skin Graft For Trauma		1.341340	809	564	7,866	0.84	6,612	23
664		Plx1	0.932392	622	407	5,779	0.71	4,102	16
664		Plx2	1.895445	121	106	11,710	0.66	7,711	27
664		Plx3	2.773002	34	29	17,307	0.50	8,605	39
664		Plx4	5.138082	32	27	32,800	0.70	22,805	77
665	PWS - Elevated Skull Fractures		1.885704	14	12	11,185	1.03	11,483	20
665		Plx1	0.845895	9	7	5,580	0.46	2,541	11
665		Plx2	1.748618	1	1	11,166	0.43	4,760	17
665		Plx3	3.236310	1	1	18,817	0.11	2,052	13
665		Plx4	5.549856	3	3	32,357	0.49	15,752	36
666	Major Lower Extremity Procedures For Trauma		0.701303	2,896	1955	3,816	0.50	1,891	8
666		Plx1	0.634133	2,654	1854	3,688	0.47	1,727	8
666		Plx2	1.465249	142	117	8,911	0.59	5,286	25
666		Plx3	2.127122	52	42	13,227	0.67	8,878	36
666		Plx4	3.616778	38	32	21,908	0.74	16,198	53
667	Minor Lower Extremity Procedures For Trauma		0.624293	74	54	3,453	0.62	2,124	10
667		Plx1	0.547180	72	51	3,214	0.48	1,542	7
667		Plx2	2.322579	1	1	13,578	0.49	6,624	40
667		Plx3	1.181445	1	1	7,756	0.00	0	9

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2001/2002 Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
667		Plx4							5
668	**Miscellaneous Musculoskeletal Procedures For Trauma**		**0.814096**	**400**	**355**	**4,688**	**0.62**	**2,916**	**11**
668		Plx1	0.686273	373	327	4,142	0.48	1,994	8
668		Plx2	1.346608	15	15	8,596	0.50	4,327	19
668		Plx3	2.151683	7	6	13,795	0.64	8,868	29
668		Plx4	3.539325	5	5	22,249	0.63	13,920	29
669	Vascular Repair For Trauma		0.941655	49	40	5,321	0.76	4,060	12
669		Plx1	0.670447	36	29	4,147	0.51	2,109	10
669		Plx2	1.105158	5	5	6,755	0.59	4,009	15
669		Plx3	1.571497	3	3	9,609	0.35	3,345	7
669		Plx4	4.195074	5	5	23,808	0.58	13,767	34
670	**Upper Extremity Procedures For Trauma**		**0.539857**	**1,886**	**1267**	**3,028**	**0.52**	**1,565**	**7**
670		Plx1	0.461360	1,807	1152	2,760	0.44	1,204	4
670		Plx2	1.036535	57	45	6,392	0.58	3,726	18
670		Plx3	1.604154	14	12	9,098	0.79	7,153	33
670		Plx4	2.310071	8	6	13,579	0.52	7,126	37
674	PWS - Intracranial Injuries With Spinal Injuries		2.690424	29	26	16,382	0.94	15,432	42
674		Plx9	2.549632	29	26	16,382	0.94	15,432	42
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.555469	13	12	9,588	1.48	14,213	24
675		Plx9	1.502013	13	12	9,588	1.48	14,213	24
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.386224	41	38	14,207	0.95	13,549	33
676		Plx9	2.276404	41	38	14,207	0.95	13,549	33
677	Spinal Injuries With Fractures Of Femur		1.045066	54	42	6,166	0.61	3,756	34
677		Plx9	0.997767	54	42	6,166	0.61	3,756	34
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.102513	103	65	6,611	0.78	5,172	21
678		Plx9	1.052235	103	65	6,611	0.78	5,172	21
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.821236	46	27	10,654	0.86	9,137	37
679		Plx9	1.710104	46	27	10,654	0.86	9,137	37
680	Femur Or Pelvic Fractures And Dislocations		1.038889	748	286	5,278	0.82	4,339	41

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
680		Plx1	0.802000	583	211	4,396	0.80	3,515	34
680		Plx2	1.750487	97	43	9,311	0.81	7,564	70
680		Plx3	1.341466	39	18	7,842	0.82	6,469	61
680		Plx4	2.244636	29	18	13,262	1.11	14,735	98
681	Frostbite		1.164208	25	10	6,739	0.76	5,092	28
681		Plx1	1.021060	20	8	6,266	0.78	4,862	24
681		Plx2	1.669224	4	1	9,410	0.98	9,180	41
681		Plx3	1.530386	1	1	9,858	0.58	5,696	13
681		Plx4							99
682	Spinal Injuries		0.623780	665	344	3,589	0.80	2,872	20
682		Plx1	0.531383	578	298	3,278	0.70	2,280	17
682		Plx2	0.966188	60	39	5,716	0.88	5,003	34
682		Plx3	1.535414	16	6	8,534	0.63	5,352	38
682		Plx4	3.569260	11	10	22,182	0.75	16,694	89
683	Intracranial Injuries		0.921734	479	355	5,612	1.13	6,325	19
683		Plx1	0.587048	365	267	3,739	0.92	3,452	13
683		Plx2	1.114613	36	31	7,002	0.81	5,689	23
683		Plx3	1.502769	33	22	9,662	0.86	8,280	43
683		Plx4	3.324834	45	40	21,006	0.61	12,763	48
684	Fracture Of Humerus		0.727081	206	73	3,840	1.03	3,970	37
684		Plx1	0.494405	164	54	2,800	1.11	3,118	25
684		Plx2	2.117477	20	16	12,098	1.03	12,436	100
684		Plx3	3.865747	16	7	19,452	0.83	16,117	125
684		Plx4	3.858049	6	3	19,159	1.00	19,205	210
685	Hip And Thigh Injuries		0.658010	151	34	3,155	0.80	2,525	23
685		Plx1	0.533407	134	30	2,846	0.80	2,266	20
685		Plx2	0.699899	11	3	3,968	0.95	3,779	44
685		Plx3	1.760111	4	1	8,511	0.43	3,696	35
685		Plx4	2.259506	2	1	11,492	1.01	11,573	182
686	Major Nerve Injuries		1.548634	3	2	7,964	0.71	5,617	12

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
686		Plx1	1.377060	2	1	7,716	0.75	5,763	12
686		Plx2	0.905643			5,064	0.00	0	4
686		Plx3	1.085278	1	1	5,857	0.02	102	10
686		Plx4							42
687	Thoraco-Abdominal Injuries		0.781595	936	483	4,425	1.06	4,708	17
687		Plx1	0.595346	769	395	3,577	0.79	2,814	14
687		Plx2	0.953686	82	44	5,525	0.77	4,270	27
687		Plx3	1.267787	46	31	7,768	0.69	5,356	29
687		Plx4	3.267355	39	30	19,859	0.82	16,301	50
688	Weight Bearing Injuries		0.409897	676	262	2,253	0.83	1,867	13
688		Plx1	0.336798	623	237	1,976	0.76	1,503	10
688		Plx2	1.555146	27	11	8,936	0.70	6,237	51
688		Plx3	0.833445	17	8	5,197	0.89	4,599	40
688		Plx4	3.026746	9	7	19,347	0.85	16,525	107
689	Genito-Urinary Injuries		0.551195	99	54	3,116	0.86	2,670	13
689		Plx1	0.408400	77	42	2,453	0.77	1,901	10
689		Plx2	0.846369	15	6	5,227	0.84	4,391	18
689		Plx3	1.124866	7	4	6,986	0.46	3,246	20
689		Plx4	2.202110			13,474	1.04	14,018	23
690	Crushing Injuries And Contusions		0.406295	506	105	2,217	0.77	1,703	10
690		Plx1	0.347185	458	94	2,031	0.76	1,547	10
690		Plx2	0.808476	24	6	4,528	0.81	3,669	31
690		Plx3	1.114070	18	7	6,107	0.52	3,163	44
690		Plx4	1.487883	6	4	7,957	0.64	5,056	47
691	Minor Lower Extremity Fractures		0.303771	20	8	1,764	0.59	1,042	4
691		Plx1	0.288990	19	8	1,764	0.59	1,042	4
691		Plx2	0.580901			3,088	0.00	0	26
691		Plx3	0.384987	1	1	2,110	0.00	0	5
691		Plx4							
692	Wounds		0.348869	639	231	1,939	0.66	1,276	4

Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
692		Plx1	0.325101	593	221	1,940	0.66	1,287	4
692		Plx2	0.710805	22	8	4,285	1.15	4,935	18
692		Plx3	0.469662	20	4	2,437	0.84	2,037	14
692		Plx4	2.629242	4	3	14,123	1.03	14,480	88
693	Amputations Or Vascular And Other Nerve Injuries		0.607999	87	53	3,233	0.96	3,100	7
693		Plx1	0.527013	83	50	3,019	0.78	2,362	7
693		Plx2	0.757348	1	1	4,099	0.46	1,888	10
693		Plx3	0.281292	1	1	1,813	0.45	813	1
693		Plx4	3.071706	2	2	16,539	0.43	7,077	12
694	Facial Injuries		0.435303	305	167	2,504	0.73	1,827	7
694		Plx1	0.389167	292	157	2,409	0.61	1,462	7
694		Plx2	0.687391	10	8	4,381	0.74	3,229	11
694		Plx3	0.537295	2	2	3,286	0.57	1,880	4
694		Plx4	1.710794	1	1	9,103	1.24	11,252	14
695	Other Cranial Injuries		0.307882	994	204	1,816	0.96	1,735	4
695		Plx1	0.271296	925	186	1,679	0.77	1,294	4
695		Plx2	0.675645	32	11	4,302	0.76	3,282	14
695		Plx3	0.755437	25	13	5,017	0.87	4,341	13
695		Plx4	3.187893	12	10	20,292	0.69	14,053	35
696	Upper Extremity Fractures		0.318387	830	232	1,817	0.59	1,068	4
696		Plx1	0.296905	794	225	1,799	0.58	1,042	4
696		Plx2	1.073890	26	17	6,328	0.85	5,362	36
696		Plx3	1.151691	4	3	6,718	0.64	4,330	26
696		Plx4	3.051477	6	5	18,490	0.63	11,680	85
700	PWS - Bone Marrow Transplant		7.109343	199	134	44,890	0.48	21,726	62
700		Plx1	3.849854	14	8	24,661	0.71	17,521	62
700		Plx2	6.599229	11	7	41,974	0.22	9,390	50
700		Plx3	5.856736	19	8	39,399	0.48	18,842	54
700		Plx4	7.209927	155	112	46,939	0.47	22,079	66
701	Splenectomy		1.251023	64	48	7,104	0.44	3,151	18

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
701		Plx1	1.057409	47	38	6,391	0.34	2,183	12
701		Plx2	1.059906	8	6	6,321	0.33	2,092	14
701		Plx3	2.314044	5	4	14,674	0.54	7,871	32
701		Plx4	8.343985	4	2	48,770	0.93	45,492	83
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		0.939877	109	71	5,649	0.87	4,923	19
703		Plx1	0.681955	76	54	4,319	0.69	2,998	13
703		Plx2	1.568561	12	9	9,645	0.63	6,030	50
703		Plx3	1.588193	9	6	10,172	0.80	8,108	25
703		Plx4	5.982825	12	9	40,521	0.70	28,518	77
704	Red Blood Cell Disorders		0.793027	1,311	424	4,312	0.97	4,192	19
704		Plx1	0.590002	874	248	3,443	0.99	3,413	16
704		Plx2	0.760908	270	93	4,244	0.90	3,835	20
704		Plx3	0.961159	111	52	5,760	0.76	4,371	27
704		Plx4	2.514416	56	32	16,289	1.17	19,024	50
709	Coagulation Disorders		0.529200	345	175	3,036	0.83	2,512	13
709		Plx1	0.409058	260	136	2,516	0.69	1,725	10
709		Plx2	0.583892	45	22	3,624	0.79	2,872	13
709		Plx3	0.964878	23	9	6,013	0.70	4,214	23
709		Plx4	2.119646	17	12	12,356	1.01	12,531	53
710	Reticuloendothelial And Immunity Disorders		0.805638	699	326	4,815	0.76	3,666	15
710		Plx1	0.614554	345	181	3,844	0.71	2,745	14
710		Plx2	0.901346	53	28	5,545	0.78	4,314	24
710		Plx3	0.850968	187	90	5,506	0.61	3,385	15
710		Plx4	1.688439	114	36	10,913	0.75	8,195	34
725	Major Leukemia And Lymphoma Procedures		1.540022	215	163	9,023	0.96	8,665	30
725		Plx1	1.038313	139	115	6,472	0.60	3,898	17
725		Plx2	1.573280	16	13	9,834	0.61	6,035	30
725		Plx3	2.993528	14	13	17,551	0.60	10,606	68
725		Plx4	5.945347	46	39	37,160	0.84	31,158	142
726	Acute Leukemia Without Major Procedures		3.605312	258	162	21,602	0.92	19,885	69

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
726		Plx1	1.131661	82	35	7,182	0.83	5,933	22
726		Plx2	2.354550	28	18	14,198	0.71	10,071	45
726		Plx3	3.000240	36	25	19,296	0.80	15,365	59
726		Plx4	5.402120	112	82	34,937	0.87	30,369	96
728	Lymphoma And Chronic Leukemia With Other Procedures		1.806401	169	110	10,496	0.94	9,867	44
728		Plx1	1.074751	109	69	6,545	0.74	4,859	25
728		Plx2	2.078518	20	16	12,403	0.76	9,419	61
728		Plx3	2.246671	17	11	14,317	0.57	8,186	51
728		Plx4	5.878207	23	19	37,100	0.86	31,840	97
730	Lymphoma And Chronic Leukemia		1.748805	772	301	9,980	1.00	10,000	42
730		Plx1	0.921437	350	114	5,478	0.90	4,927	26
730		Plx2	1.163285	149	49	6,497	0.75	4,896	40
730		Plx3	1.692947	111	46	10,239	0.78	7,995	53
730		Plx4	2.852820	162	88	17,822	0.85	15,088	63
733	Major Ill-Defined Neoplasm Procedures		2.233928	83	66	13,036	0.72	9,346	40
733		Plx1	1.407480	48	40	8,500	0.56	4,760	21
733		Plx2	2.135493	14	13	12,673	0.44	5,592	35
733		Plx3	3.191804	11	8	20,177	0.64	12,976	48
733		Plx4	4.700925	10	9	29,630	0.72	21,310	111
734	Ill-Defined Neoplasm With Other Procedures		1.646899	72	56	9,666	0.88	8,530	44
734		Plx1	0.919592	52	42	5,777	0.58	3,342	19
734		Plx2	1.638698	5	4	9,936	0.65	6,444	65
734		Plx3	2.333711	4	2	14,334	0.45	6,490	41
734		Plx4	4.224747	11	8	25,891	0.46	12,001	75
735	PWS - Radiation Therapy		1.543936	152	120	9,628	0.68	6,508	41
735		Plx1	1.171515	87	70	7,532	0.59	4,477	32
735		Plx2	1.448508	34	23	9,235	0.54	5,030	33
735		Plx3	2.181584	16	13	13,932	0.84	11,687	63
735		Plx4	2.802543	15	15	17,973	0.62	11,114	63
736	Chemotherapy		0.664372	911	619	4,169	0.61	2,531	11

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
736			0.593535	784	572	3,938	0.57	2,229	8
736		Plx1	0.809500	55	20	5,252	0.75	3,952	14
736		Plx2	1.185781	37	19	7,514	0.72	5,396	34
736		Plx3	2.564285	35	30	16,458	0.52	8,483	66
737	Other Poorly Differentiated Neoplastic Diagnoses		1.455294	243	113	7,708	0.80	6,201	42
737		Plx1	0.856673	132	50	4,628	0.72	3,312	33
737		Plx2	1.486871	51	29	8,459	0.71	5,967	40
737		Plx3	2.034529	27	17	11,470	0.59	6,778	52
737		Plx4	1.932729	33	17	11,158	0.69	7,714	54
750	Multisystemic Or Unspecified Site Infections With Surgery		3.179201	493	318	17,464	1.24	21,662	54
750		Plx1	1.213068	237	141	6,932	0.91	6,334	28
750		Plx2	2.265320	64	47	13,043	0.71	9,224	46
750		Plx3	2.351873	55	39	13,991	0.88	12,328	46
750		Plx4	9.125580	137	109	54,397	0.82	44,365	122
751	Septicemia		1.151301	938	447	6,240	1.31	8,148	21
751		Plx1	0.639251	439	184	3,650	0.78	2,839	17
751		Plx2	0.870854	181	83	4,971	0.78	3,866	24
751		Plx3	1.061726	142	73	6,191	0.84	5,210	33
751		Plx4	2.447681	176	121	14,573	1.08	15,774	45
756	Post-Operative And Post-Traumatic Infections		0.622852	700	289	3,263	0.82	2,691	15
756		Plx1	0.505118	548	236	2,781	0.74	2,070	14
756		Plx2	0.848207	74	32	4,984	0.77	3,825	24
756		Plx3	0.769849	56	18	4,490	0.72	3,227	20
756		Plx4	1.920885	22	10	12,130	0.94	11,390	54
757	Viral Illness		0.450004	751	210	2,360	0.97	2,287	10
757		Plx1	0.384805	643	163	2,160	0.97	2,096	9
757		Plx2	0.466983	40	19	2,562	0.48	1,222	11
757		Plx3	0.463639	55	25	2,739	0.62	1,706	11
757		Plx4	2.151628	13	9	12,341	0.75	9,307	42
761	Fever Of Unknown Origin		0.464294	430	160	2,559	0.78	2,001	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	2001/2002 Activity	2001/2002 Costed Cases	2001/2002 Blended Average Cost	2001/2002 Coefficient of Variation	2001/2002 Standard Deviation	2001/2002 Trim Point
761		Plx1	0.401330	360	134	2,378	0.76	1,819	10
761		Plx2	0.554915	50	17	3,200	0.90	2,884	14
761		Plx3	0.802302	10	7	4,953	0.66	3,253	20
761		Plx4	1.397066	10	6	8,370	0.83	6,984	35
763	Other Infectious Diagnoses		0.770252	182	75	4,392	1.04	4,557	17
763		Plx1	0.472819	135	46	2,779	0.80	2,232	14
763		Plx2	0.899665	14	10	5,605	0.89	4,977	30
763		Plx3	0.885070	18	9	5,218	0.79	4,116	21
763		Plx4	4.513847	15	11	27,668	1.02	28,240	75
764	Depressive Mood Disorders With ECT		3.388401	447	297	16,664	0.57	9,531	108
764		Plx9	3.116294	447	297	16,664	0.57	9,531	108
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.224461	698	332	11,755	0.82	9,604	82
765		Plx9	2.085642	698	332	11,755	0.82	9,604	82
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.491902	2,643	901	7,526	0.75	5,615	62
766		Plx9	1.386157	2,643	901	7,526	0.75	5,615	62
767	Depressive Mood Disorders LOS < 6 Days		0.305815	1,218	259	1,516	0.60	911	8
767		Plx9	0.282682	1,218	259	1,516	0.60	911	8
768	Bipolar Mood Disorders, Manic With ECT		3.516924	42	25	15,945	0.80	12,769	161
768		Plx9	3.209045	42	25	15,945	0.80	12,769	161
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2.184496	155	93	11,427	0.67	7,695	77
769		Plx9	2.044442	155	93	11,427	0.67	7,695	77
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1.739680	1,036	476	8,877	0.78	6,951	75
770		Plx9	1.609390	1,036	476	8,877	0.78	6,951	75
771	Bipolar Mood Disorders LOS < 6 Days		0.305871	233	82	1,559	0.55	859	8
771		Plx9	0.284216	233	82	1,559	0.55	859	8
772	Dementia With Or Without Delirium With Axis III Diagnosis		4.099464	570	250	20,409	0.78	15,883	145
772		Plx9	3.764483	570	250	20,409	0.78	15,883	145
773	Dementia With Or Without Delirium Without Axis III Diagnosis		2.905449	530	126	14,053	0.84	11,802	168
773		Plx9	2.646089	530	126	14,053	0.84	11,802	168

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
774	Organic Mental Disorders Induced By Drugs		0.865630	536	215	4,670	0.91	4,229	45
774		Plx9	0.813124	536	215	4,670	0.91	4,229	45
775	Schizophrenia And Other Psychotic Disorders With ECT		4.814395	50	24	22,893	0.52	11,825	149
775		Plx9	4.386512	50	24	22,893	0.52	11,825	149
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		2.504092	329	206	13,110	0.71	9,289	93
776		Plx9	2.343375	329	206	13,110	0.71	9,289	93
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		1.879685	2,216	970	9,767	0.80	7,800	97
777		Plx9	1.750576	2,216	970	9,767	0.80	7,800	97
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0.361463	537	169	1,829	0.55	1,005	10
778		Plx9	0.335076	537	169	1,829	0.55	1,005	10
779	Dissociative Disorders		0.652027	109	48	3,342	0.75	2,516	26
779		Plx9	0.603508	109	48	3,342	0.75	2,516	26
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1.016751	303	138	5,363	0.97	5,184	34
780		Plx9	0.950372	303	138	5,363	0.97	5,184	34
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0.501864	448	139	2,578	0.84	2,160	19
781		Plx9	0.463285	448	139	2,578	0.84	2,160	19
783	Psychoactive Substance Dependence		0.724833	1,269	277	3,586	0.93	3,331	29
783		Plx9	0.670690	1,269	277	3,586	0.93	3,331	29
784	Psychoactive Substance Abuse		0.498170	648	137	2,426	0.78	1,884	22
784		Plx9	0.456408	648	137	2,426	0.78	1,884	22
785	Developmental Delay		3.255338	81	47	19,850	1.22	24,294	149
785		Plx9	3.089341	81	47	19,850	1.22	24,294	149
786	Disruptive Behaviour Disorders		1.943496	366	213	10,718	0.91	9,732	60
786		Plx9	1.861273	366	213	10,718	0.91	9,732	60
787	Eating Disorders		2.735801	142	103	16,446	0.86	14,199	116
787		Plx9	2.565846	142	103	16,446	0.86	14,199	116
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.813409	439	273	14,449	0.89	12,788	112
788		Plx9	2.601976	439	273	14,449	0.89	12,788	112
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.989624	492	186	10,090	0.95	9,561	116

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
789		Plx9	1.825288	492	186	10,090	0.95	9,561	116
790	Somatoform Disorders		0.617569	106	37	3,189	0.86	2,755	20
790		Plx9	0.570916	106	37	3,189	0.86	2,755	20
791	Anxiety Disorders (MNRH)		0.943044	679	144	4,980	0.92	4,581	29
791		Plx9	0.882358	679	144	4,980	0.92	4,581	29
792	Adjustment Disorders (MNRH)		0.558783	1,988	1019	2,904	0.86	2,504	26
792		Plx9	0.519790	1,988	1019	2,904	0.86	2,504	26
793	Personality Disorders With Axis III Diagnosis (MNRH)		1.447523	79	38	7,647	0.88	6,739	53
793		Plx9	1.362353	79	38	7,647	0.88	6,739	53
794	Personality Disorders Without Axis III Diagnosis (MNRH)		0.740988	364	130	3,804	0.89	3,366	41
794		Plx9	0.689314	364	130	3,804	0.89	3,366	41
795	Sexual Dysfunction And Sexual Disorders (MNRH)		0.969560	44	5	5,049	0.60	3,013	974
795		Plx9	0.906596	44	5	5,049	0.60	3,013	974
796	Specific Developmental Disorders (MNRH)		1.417099	16	8	7,759	0.70	5,416	46
796		Plx9	1.360061	16	8	7,759	0.70	5,416	46
797	Miscellaneous Psychiatric Diagnoses (MNRH)		1.053638	132	29	5,679	1.34	7,600	60
797		Plx9	1.008815	132	29	5,679	1.34	7,600	60
803	Extensive Procedures For Injury Or Complication Of Treatment		2.579151	419	317	14,032	0.82	11,457	39
803		Plx1	1.762312	190	149	10,316	0.73	7,503	23
803		Plx2	2.469021	81	66	13,830	0.83	11,477	34
803		Plx3	2.473708	55	49	14,234	0.67	9,600	43
803		Plx4	6.548838	93	68	39,246	1.30	50,890	104
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		0.987689	844	641	5,506	0.94	5,158	19
804		Plx1	0.677849	623	492	3,994	0.77	3,068	13
804		Plx2	1.325996	82	64	8,049	0.82	6,606	27
804		Plx3	1.620727	58	41	9,930	0.57	5,627	28
804		Plx4	4.307805	81	66	26,537	0.81	21,543	80
805	MNRH Procedures For Injury Or Complication Of Treatment		0.473567	99	58	2,416	0.69	1,672	7
805		Plx1	0.413850	87	52	2,274	0.70	1,595	7

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
805		Plx2	0.670973	4	3	3,762	0.56	2,096	11
805		Plx3	0.918040	4	2	5,495	0.50	2,728	18
805		Plx4	3.865711	4	3	23,697	0.90	21,372	70
811	Allergic Reaction		0.324100	176	36	1,740	1.02	1,777	4
811		Plx1	0.275634	164	34	1,563	1.01	1,573	4
811		Plx2	0.753014	5	2	4,727	0.87	4,102	17
811		Plx3	1.516728	3		8,491	1.26	10,705	23
811		Plx4	2.627527	4	3	17,229	0.96	16,540	35
813	Drug Reactions		0.445834	2,075	683	2,316	1.03	2,393	7
813		Plx1	0.337331	1,700	525	1,849	0.90	1,671	7
813		Plx2	0.550951	132	68	3,122	0.89	2,794	17
813		Plx3	0.770484	157	90	4,517	0.82	3,721	16
813		Plx4	1.768068	86	61	10,392	0.89	9,199	28
818	Complications Of Treatment		0.626696	1,607	964	3,577	1.05	3,766	16
818		Plx1	0.458757	1,233	724	2,704	0.97	2,635	13
818		Plx2	0.718835	159	105	4,466	0.88	3,925	20
818		Plx3	1.062134	127	86	6,756	0.89	6,018	30
818		Plx4	2.005587	88	66	12,870	0.82	10,554	45
823	Minor Injuries And Trauma Diagnosis		0.507899	508	148	2,868	1.28	3,675	7
823		Plx1	0.344946	428	120	2,075	1.06	2,200	7
823		Plx2	0.922398	37	12	5,623	0.85	4,796	19
823		Plx3	1.176270	18	9	6,761	1.08	7,313	19
823		Plx4	2.052366	25	17	12,670	0.63	7,968	20
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		14.423772	34	30	90,292	0.95	85,878	155
830		Plx1	3.831780	9	6	25,133	0.26	6,472	49
830		Plx2	4.980049	5	5	33,338	0.90	29,949	95
830		Plx3	9.672402	4	4	64,017	0.72	46,279	79
830		Plx4	20.362255	16	14	135,371	0.70	94,873	180
831	Extensive Burns Without Burn Procedures		0.351263	6	4	1,924	0.90	1,732	10
831		Plx1	0.357826	5	3	2,049	0.93	1,905	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
831		Plx2	0.197570	1	1	1,299	0.00	0	1
831		Plx3							2
831		Plx4							15
832	PWS - Non-Extensive Burns With Skin Graft		2.542638	119	107	15,771	0.89	13,971	45
832		Plx1	1.710028	91	80	11,286	0.75	8,506	33
832		Plx2	3.644507	13	12	23,629	0.59	13,830	58
832		Plx3	4.844862	8	8	32,254	0.51	16,428	44
832		Plx4	7.681028	7	7	51,681	0.67	34,613	90
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		1.317296	21	12	8,168	0.69	5,645	33
833		Plx1	1.082620	17	10	6,909	0.59	4,053	30
833		Plx2	2.308242	2	2	14,601	0.56	8,159	38
833		Plx3							7
833		Plx4	4.294014	2		24,235	1.15	27,878	102
834	Non-Extensive Burns Without Burn Procedures		0.690527	207	96	4,056	1.06	4,301	16
834		Plx1	0.563145	190	81	3,553	0.91	3,249	16
834		Plx2	0.803894	7	7	4,797	0.68	3,244	28
834		Plx3	0.959818	5	4	5,928	0.70	4,148	14
834		Plx4	4.420638	5	4	28,851	0.76	21,969	119
840	Other Admissions With Surgery		5.924214	466	286	34,532	1.10	37,840	195
840		Plx1	1.493404	223	132	8,683	1.05	9,160	66
840		Plx2	5.278602	70	29	29,979	0.79	23,621	165
840		Plx3	5.958791	53	32	36,828	0.62	22,848	196
840		Plx4	12.006398	120	91	74,931	0.69	51,692	257
841	Rehabilitation		2.970223	5,043	1681	19,019	0.68	12,907	101
841		Plx1	2.285938	3,482	952	15,242	0.64	9,786	81
841		Plx2	3.104110	803	342	20,779	0.64	13,275	115
841		Plx3	3.486269	461	218	22,799	0.67	15,301	131
841		Plx4	4.332842	297	180	29,128	0.68	19,943	156
842	Signs And Symptoms		0.730592	773	202	3,784	0.92	3,477	26
842		Plx1	0.535561	575	132	3,022	0.90	2,708	23

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
842		Plx2	1.073504	123	41	5,764	0.85	4,923	37
842		Plx3	1.040063	52	24	5,857	0.75	4,418	46
842		Plx4	2.436914	23	10	15,136	0.82	12,469	97
846	Aftercare Following Surgery Or Treatment		0.263104	2,323	1397	1,357	1.23	1,673	7
846		Plx1	0.237465	2,115	1355	1,327	1.24	1,642	7
846		Plx2	0.495959	109	35	2,985	1.30	3,892	118
846		Plx3	1.472904	61	12	8,214	1.06	8,746	161
846		Plx4	1.776355	38	4	10,074	0.77	7,801	192
847	Other Specified Aftercare		1.807002	2,312	517	8,205	1.13	9,251	73
847		Plx1	1.606951	1,758	432	8,035	1.16	9,307	70
847		Plx2	1.569399	315	37	7,645	1.00	7,637	73
847		Plx3	2.150072	152	30	10,580	1.31	13,825	87
847		Plx4	2.362124	87	21	12,849	1.04	13,312	93
849	Multiple Or Unspecified Congenital Anomalies		4.062782	7	2	25,246	1.90	47,972	43
849		Plx1	0.457616	4		2,392	1.00	2,391	37
849		Plx2	0.349041	1		2,337	0.85	1,978	2
849		Plx3	2.167475	1	1	11,765	0.24	2,878	17
849		Plx4	11.406978	1	1	69,303	0.59	41,053	36
850	Perinatal Conditions Age > 28 Days		4.005475	122	71	19,791	0.88	17,459	66
850		Plx1	2.712125	84	40	13,995	0.79	11,072	57
850		Plx2	3.043591	15	11	15,968	0.93	14,783	86
850		Plx3	5.818431	7	6	30,240	0.54	16,475	97
850		Plx4	8.570262	16	15	47,917	0.62	29,495	107
851	Other Factors Causing Hospitalization		0.838196	4,667	195	3,507	1.48	5,204	41
851		Plx1	0.620637	3,819	178	3,020	1.22	3,692	35
851		Plx2	1.719665	431	6	7,089	1.72	12,178	69
851		Plx3	1.257434	268	6	5,202	0.87	4,545	79
851		Plx4	2.053426	149	6	8,390	1.09	9,174	115
852	Procedures Cancelled (MNRH)		0.112960	1,030	470	650	2.60	1,691	1
852		Plx1	0.101862	988	444	636	2.68	1,704	1

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
852		Plx2	0.184476	32	21	839	1.62	1,358	1
852		Plx3	0.175566	8	4	1,126	0.74	830	1
852		Plx4	0.224181	2	2	1,473	0.85	1,252	3
860	Respiratory Tract Disorders With HIV		1.668535	42	29	9,608	1.51	14,491	31
860		Plx9	1.559232	42	29	9,608	1.51	14,491	31
861	CNS Infection With HIV		0.838392	3	2	4,978	0.65	3,226	34
861		Plx9	0.788021	3	2	4,978	0.65	3,226	34
862	GI And Hepatobiliary Disorders With HIV		0.823112	16	11	4,636	0.73	3,404	25
862		Plx9	0.765062	16	11	4,636	0.73	3,404	25
863	Ophthalmic Disorders With HIV		3.238467	4	3	18,612	0.85	15,738	74
863		Plx9	1.858562	4	3	11,305	0.80	9,058	74
864	Blood Infections With HIV		0.413064	1		2,374	0.64	1,527	10
864		Plx9	0.427393	1		2,374	0.64	1,527	10
865	Lymphoma With HIV		3.468433	3	2	21,016	0.47	9,874	71
865		Plx9	3.273878	3	2	21,016	0.47	9,874	71
866	Psychosocial Conditions With HIV		1.247685	2	1	7,194	0.75	5,397	54
866		Plx9	1.201017	2	1	7,194	0.75	5,397	54
867	Other Conditions Associated With HIV		1.301056	3	2	7,090	0.51	3,642	27
867		Plx9	1.169193	3	2	6,835	0.58	3,957	27
868	Miscellaneous Conditions With HIV		0.784201	20	10	4,509	0.69	3,130	27
868		Plx9	0.741323	20	10	4,509	0.69	3,130	27
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		5.879749	24	22	29,742	0.58	17,188	102
880		Plx1	3.185757	4	3	15,603	0.44	6,916	95
880		Plx2	5.483242	3	3	29,178	0.19	5,612	66
880		Plx3	5.131835	3	3	28,112	0.28	7,771	52
880		Plx4	6.081300	14	13	33,632	0.62	20,933	164
881	Amputation Of Lower Limb Except Toe		3.290840	235	181	17,559	0.82	14,482	78
881		Plx1	2.036183	82	62	11,128	0.58	6,404	48
881		Plx2	2.000289	54	39	11,093	0.53	5,910	45

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
881		Plx3	3.438094	35	28	19,973	0.83	16,601	118
881		Plx4	5.392034	64	55	31,432	0.67	21,040	149
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		4.191800	34	33	20,793	0.69	14,380	74
882		Plx1	2.287434	12	10	11,793	0.54	6,377	33
882		Plx2	1.986818	5	5	10,222	0.34	3,500	34
882		Plx3	3.449758	6	6	18,388	0.66	12,176	56
882		Plx4	5.860004	11	11	31,907	0.60	19,220	118
883	Wound Debridement And Grafting Other Than Hand		2.366635	140	81	12,489	0.85	10,655	64
883		Plx1	1.435836	56	28	7,391	0.83	6,110	45
883		Plx2	1.669025	35	18	9,459	0.60	5,670	48
883		Plx3	2.642032	28	18	15,215	0.77	11,694	76
883		Plx4	4.470762	21	15	26,389	0.81	21,422	119
884	Other Amputations Including Toe		1.290658	71	42	6,642	1.08	7,205	42
884		Plx1	0.760443	47	28	4,159	0.87	3,630	29
884		Plx2	2.095579	6	4	11,388	1.22	13,947	37
884		Plx3	1.681951	12	6	9,521	0.86	8,211	72
884		Plx4	3.627216	6	3	19,883	0.71	14,146	154
885	PWS - Aortic Replacement		3.236092	341	293	15,793	0.62	9,791	28
885		Plx1	1.946541	110	95	10,192	0.37	3,745	16
885		Plx2	2.177114	55	44	11,481	0.35	3,983	18
885		Plx3	2.818516	49	46	14,642	0.39	5,755	31
885		Plx4	4.696898	127	113	24,981	0.58	14,392	45
887	Vascular Bypass Surgery		2.354895	408	351	11,495	0.76	8,781	23
887		Plx1	1.494110	240	201	7,704	0.38	2,910	16
887		Plx2	2.220228	49	45	11,709	0.43	5,004	24
887		Plx3	2.520982	51	47	13,122	0.43	5,643	27
887		Plx4	4.949805	68	64	26,616	0.65	17,238	46
890	Other Thoraco-Abdominal Procedures		2.562044	63	53	13,176	0.94	12,404	34
890		Plx1	1.290628	24	21	7,040	0.64	4,524	21
890		Plx2	1.861773	6	3	10,587	0.84	8,887	28

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Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
890		Plx3	2.462181	15	13	13,725	0.50	6,823	27
890		Plx4	3.850542	18	15	21,745	0.83	18,029	54
891	Vascular Repair		2.211595	197	177	10,853	0.73	7,932	24
891		Plx1	1.637670	113	101	8,697	0.69	5,972	18
891		Plx2	1.709483	36	33	9,062	0.57	5,172	22
891		Plx3	2.806544	27	25	14,780	0.58	8,632	28
891		Plx4	4.211547	21	20	22,872	0.57	13,125	53
892	Other Vascular Procedures		1.242632	87	49	6,440	0.57	3,698	16
892		Plx1	1.047790	70	36	5,899	0.61	3,589	10
892		Plx2	1.447672	9	7	7,891	0.91	7,143	20
892		Plx3	1.397168	6	4	8,134	0.34	2,748	24
892		Plx4	1.333120	2	1	6,885	0.36	2,491	27
893	Vein Ligation And Stripping (MNRH)		0.425726	289	26	1,691	0.55	925	1
893		Plx1	0.385851	286	26	1,691	0.55	925	1
893		Plx2	0.326771	1		1,749	0.09	165	3
893		Plx3	0.385851	2					4
893		Plx4							
895	Deep Vein Thrombophlebitis		0.765138	748	273	3,912	0.76	2,986	19
895		Plx1	0.609887	550	177	3,275	0.73	2,382	18
895		Plx2	0.708610	117	65	4,025	0.55	2,225	22
895		Plx3	1.105119	60	26	6,264	0.60	3,730	32
895		Plx4	2.315123	21	9	13,632	0.79	10,814	69
898	Peripheral Vascular Disease		0.776649	502	230	3,875	0.79	3,064	20
898		Plx1	0.608503	349	152	3,266	0.77	2,518	19
898		Plx2	0.995586	80	48	5,349	0.81	4,307	33
898		Plx3	1.145064	49	22	6,257	0.78	4,900	47
898		Plx4	1.714674	24	15	9,749	0.77	7,545	50
900	Extensive Unrelated O.R. Procedures		4.264366	278	216	23,674	0.93	22,055	82
900		Plx1	1.929220	91	67	11,722	0.86	10,066	33
900		Plx2	2.640085	32	26	15,542	1.09	16,972	46

Prepared by: Health Funding and Costing

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2001/2002 SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
900									
900		Plx3	3.744707	32	26	21,861	0.72	15,837	94
900		Plx4	6.515115	123	100	38,812	0.78	30,458	115
901	**Non-Extensive Unrelated O.R. Procedures**		2.912224	645	460	16,187	1.38	22,323	63
901		Plx1	1.113187	330	226	6,595	0.91	5,985	26
901		Plx2	2.365000	87	62	14,101	0.89	12,554	65
901		Plx3	2.620735	74	53	15,507	0.62	9,564	66
901		Plx4	7.641002	154	125	46,200	1.01	46,629	126
902	**Post-Operative Complications With Unrelated O.R. Procedures**		2.184040	138	105	11,465	1.06	12,125	37
902		Plx1	0.918538	56	46	5,600	0.62	3,495	20
902		Plx2	2.107185	23	17	11,720	0.89	10,383	24
902		Plx3	2.355610	18	12	12,385	0.76	9,411	36
902		Plx4	4.656651	41	30	24,625	0.66	16,361	64
906	**Unrelated O.R. Procedures (MNRH)**		1.624581	147	88	8,651	1.02	8,859	45
906		Plx1	1.042867	99	53	5,791	0.74	4,291	32
906		Plx2	1.388943	15	11	8,424	0.71	5,941	63
906		Plx3	2.235087	19	15	13,704	0.76	10,442	56
906		Plx4	5.201630	14	9	28,913	0.75	21,649	138
908	**Other Major Procedures For Gynecological Malignancy**		1.250769	4	3	6,954	0.56	3,862	15
908		Plx1	0.740901	3	2	4,464	0.31	1,383	13
908		Plx2	1.038506			5,701	0.13	730	12
908		Plx3	6.946395	1		38,841	0.00	0	24
908		Plx4							80
909	**Obsolete Psychiatric Diagnoses (MNRH)**		0.706050	663	204	3,650	0.80	2,912	29
909		Plx9	0.656335	663	204	3,650	0.80	2,912	29
910	**Diagnosis Not Generally Hospitalized**		0.581173	242	58	3,574	2.16	7,728	7
910		Plx9	0.549217	242	58	3,574	2.16	7,728	7
912	**Obstetric Codes Invalid As Most Responsible Diagnosis**		0.559185	15	3	2,300	0.72	1,649	7
912		Plx9	0.517279	15	3	2,300	0.72	1,649	7
997	**Stillbirths**		0.235478	250	1	1,309	0.76	994	

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2001/2002 Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
997		Pix9	0.294031	250	1	1,549	0.64	992	
998	**Neonate With Catastrophic Diagnosis LOS < 6 Days**		**0.545389**	**6**	**4**	**3,167**	**0.78**	**2,478**	**8**
998		Pix9	0.529917	6	4	3,167	0.78	2,478	8
999	**Ungroupable Data**		**0.285769**	**73**	**13**	**1,738**	**0.40**	**700**	**7**
999		Pix9	0.271514	73	13	1,738	0.40	700	7

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up 1999/2000	1998/1999	1997/1998	Total Top-Up Cases Applied
Cells requiring top-up when processing by CMG						
550	Major Pelvic And Retroperitoneum Procedures			1		1
605	Fetal Surgery		1	1		2
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	1		2
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		1			1
863	Ophthalmic Disorders With HIV		1			1
864	Blood Infections With HIV		1	3		4
867	Other Conditions Associated With HIV		1			1
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1			1
997	Stillbirths			4		4
Cells requiring top-up when processing by CMG+complexity						
005	PWS - Ventricular Shunt Revision	Plx4	1	1		2
006	Carpal Tunnel Release And Specified Nervous System Procedures	Plx2		1		1
018	Viral Meningitis	Plx4		2		2
020	Hypertensive Encephalopathy	Plx1	2			2
020	Hypertensive Encephalopathy	Plx2		1	2	3
050	Orbital Procedures	Plx3		2	1	3
051	Other Intraocular Procedures	Plx3			1	1
052	Retinal Procedures	Plx2	1			1
052	Retinal Procedures	Plx3	1	1	1	3
052	Retinal Procedures	Plx4		1	1	2
054	Extraocular Procedures	Plx2	1		1	2
054	Extraocular Procedures	Plx3			1	1
057	Other Ophthalmic Procedures (MNRH)	Plx2	1	1		2
057	Other Ophthalmic Procedures (MNRH)	Plx4	1			1
060	Major Eye Infections	Plx2	1		1	2
060	Major Eye Infections	Plx3		1		1
060	Major Eye Infections	Plx4		1	1	2
063	Other Ophthalmic Diagnoses (MNRH)	Plx3		1		1
063	Other Ophthalmic Diagnoses (MNRH)	Plx4	1	1		2
077	Less Extensive Head And Neck Procedures	Plx3	3	1		4

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
078	Cleft Lip And Palate Repair	Plx2	2			2
078	Cleft Lip And Palate Repair	Plx3		2	1	3
081	Salivary Gland Procedures	Plx3	3			3
082	Minor Ear, Nose And Throat Procedures	Plx2	2	1		3
082	Minor Ear, Nose And Throat Procedures	Plx3		1		1
083	Reconstructive ENT Procedures	Plx3	2		1	3
084	Miscellaneous Ear, Nose And Throat Procedures	Plx2	2			2
084	Miscellaneous Ear, Nose And Throat Procedures	Plx4	2	1		3
086	Other Tonsillar Procedures	Plx2	2			2
086	Other Tonsillar Procedures	Plx3		1		1
087	Sinus Procedures	Plx4		1	2	3
088	Ethmoidectomy (MNRH)	Plx2		2		2
088	Ethmoidectomy (MNRH)	Plx3		1	1	2
089	Dental Extraction Or Restoration (MNRH)	Plx3	1	1	1	3
090	External And Middle Ear Procedures (MNRH)	Plx2		1		1
091	Nasal Procedures (MNRH)	Plx2	1			1
092	Myringotomy (MNRH)	Plx2		2	1	3
092	Myringotomy (MNRH)	Plx3			1	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Plx3	1		1	2
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Plx4		1		1
101	Acute Suppurative Infections	Plx2	1	2		3
101	Acute Suppurative Infections	Plx3	1	1		2
101	Acute Suppurative Infections	Plx4	1	1		2
102	Dysequilibrium	Plx3	1	1		2
102	Dysequilibrium	Plx4		2		2
107	Epiglottitis	Plx2			1	1
107	Epiglottitis	Plx4			1	1
108	Epistaxis	Plx4		1		1
113	Sinusitis (MNRH)	Plx2	1			1
113	Sinusitis (MNRH)	Plx3	2	1	2	5
113	Sinusitis (MNRH)	Plx4	1	2		3
114	Sore Throat (MNRH)	Plx4	1	1		2

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
116	Croup (MNRH)	Plx4			1	1
125	Tracheostomy	Plx2	4			4
135	Tuberculosis	Plx4	1			1
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath	Plx1	1			1
193	Cardiac Pacemaker Device Replacement Or Revision	Plx4			2	2
202	AMI With Cardiac Cath With Ventricular Tachycardia	Plx2	1		1	2
202	AMI With Cardiac Cath With Ventricular Tachycardia	Plx3			1	1
202	AMI With Cardiac Cath With Ventricular Tachycardia	Plx4	2			2
203	AMI With Cardiac Cath With Angina	Plx3	1	1		2
203	AMI With Cardiac Cath With Angina	Plx4	2			2
207	AMI Without Cardiac Cath With Angina	Plx3		1		1
207	AMI Without Cardiac Cath With Angina	Plx4			2	2
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions	Plx3	1			1
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Plx3			1	1
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Plx4			1	1
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Plx3		2		2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Plx4	2	2	1	5
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Plx3	2			2
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Plx4	1			1
217	Cardiac Cath With Unstable Angina	Plx4	2			2
232	Acquired Valvular Disorders (MNRH)	Plx4		1	1	2
235	Angina Pectoris	Plx4		1		1
242	Chest Pain	Plx4	2			2
264	Minor Gastrointestinal Procedures	Plx4	1	2		3
265	Abdominal Laparoscopy	Plx2	2		2	4
265	Abdominal Laparoscopy	Plx3	2			2
265	Abdominal Laparoscopy	Plx4	2	1		3
286	Uncomplicated Ulcer	Plx4	1			1
359	Upper Extremity Procedures With Infection	Plx2	2			2
359	Upper Extremity Procedures With Infection	Plx3			1	1
360	Upper Extremity Amputations And Revisions	Plx3	1			1
361	Musculoskeletal Biopsy For Malignancy	Plx3		1		1

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
367	Shoulder Arthroplasty	Plx3			1	1
368	Major Hip And Knee Procedures	Plx3		1	2	3
372	Major Upper Extremity Procedures	Plx3		2		2
372	Major Upper Extremity Procedures	Plx4	1	2		3
375	Minor Upper Extremity Procedures	Plx3	3	1		4
375	Minor Upper Extremity Procedures	Plx4		2		2
378	Soft Tissue Procedures (MNRH)	Plx3	2		1	3
378	Soft Tissue Procedures (MNRH)	Plx4			1	1
379	Other Musculoskeletal Procedures (MNRH)	Plx3	1			1
379	Other Musculoskeletal Procedures (MNRH)	Plx4		1		1
380	Other Lower Extremity Procedures (MNRH)	Plx3		1		1
381	Hand And Wrist Procedures (MNRH)	Plx2	1	2		3
382	Arthroscopy (MNRH)	Plx2	2			2
383	PWS - Joint Replacement For Malignancy	Plx3	1	1		2
383	PWS - Joint Replacement For Malignancy	Plx4	1			1
385	PWS - Major Orthopaedic Oncology Procedures	Plx3	1		1	2
386	Other Orthopaedic Oncology Procedures	Plx3	1			1
407	Other Musculoskeletal Disorders	Plx3	1		1	2
407	Other Musculoskeletal Disorders	Plx4		1		1
413	Joint Derangements (MNRH)	Plx2	1			1
413	Joint Derangements (MNRH)	Plx3		2		2
414	Sprains Strains And Minor Injuries (MNRH)	Plx2	1	1		2
414	Sprains Strains And Minor Injuries (MNRH)	Plx3		2		2
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy	Plx4	1			1
429	Total Mastectomy For Breast Malignancy	Plx4	1			1
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy	Plx3			2	2
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy	Plx4	2			2
434	Breast Biopsy And Local Excision Without Malignancy	Plx2		3		3
435	Perianal And Pilonidal Cyst Procedures	Plx3			1	1
436	Plastic Surgery	Plx2		1	1	2
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Plx3	1			1
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Plx4	1	1		2

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
440	Major Skin Disorders	Plx4	1			1
443	Malignant Breast Disorders	Plx4	1			1
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Plx2	1	3		4
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Plx3	2			2
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Plx4			1	1
478	Obesity Procedures	Plx2	1			1
478	Obesity Procedures	Plx3		2	1	3
478	Obesity Procedures	Plx4	1			1
505	Reconstructive Urological Procedures	Plx3	2			2
506	Open Prostatectomy	Plx3	1	1		2
506	Open Prostatectomy	Plx4			1	1
507	Vascular And Other Urinary Procedures	Plx2	3			3
509	Minor Lower Urinary Tract Procedures	Plx3	1			1
509	Minor Lower Urinary Tract Procedures	Plx4			1	1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Plx2		1		1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Plx3			1	1
524	Nephrotic Syndrome	Plx4	1			1
526	Miscellaneous Nephrological Diagnosis	Plx4	1			1
532	Urinary Retention And Other Functional Disorders Of Bladder	Plx3	1	2		3
532	Urinary Retention And Other Functional Disorders Of Bladder	Plx4		2		2
535	Hematuria (MNRH)	Plx3	1	1		2
535	Hematuria (MNRH)	Plx4			1	1
550	Major Pelvic And Retroperitoneum Procedures	Plx1		1		1
551	Penis Procedures	Plx4		1	1	2
552	Testes Procedures	Plx2	1			1
552	Testes Procedures	Plx3		1		1
552	Testes Procedures	Plx4	1		2	3
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Plx2			2	2
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Plx3			2	2
555	Circumcision (MNRH)	Plx2			1	1
560	Malignancy Of Male Reproductive Organ	Plx1	1			1
561	Male Reproductive System Inflammation	Plx3	1			1

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
561	Male Reproductive System Inflammation	Plx4	1		1	2
562	Other Male Reproductive System Diagnoses	Plx2		1	1	2
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)	Plx2			1	1
575	Pelvic Exenteration	Plx2	1	2		3
582	Other Gynecological Procedures	Plx3	1	1		2
582	Other Gynecological Procedures	Plx4	2			2
583	Radio-Implant For Malignancy	Plx3		1	1	2
584	Vagina, Cervix And Vulva Procedures	Plx3			3	3
585	Gynecological Laparoscopy (MNRH)	Plx2		2	2	4
585	Gynecological Laparoscopy (MNRH)	Plx3		3		3
587	Miscellaneous Gynecological Procedures (MNRH)	Plx2	2			2
587	Miscellaneous Gynecological Procedures (MNRH)	Plx3		1		1
594	Female Reproductive System Infection	Plx2	1			1
594	Female Reproductive System Infection	Plx3		2		2
595	Other Female Reproductive System Diagnoses And Injuries	Plx2			1	1
596	Miscellaneous Gynecological Diagnoses (MNRH)	Plx4		2		2
605	Fetal Surgery	Plx9	1	1		2
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Plx9	1	1		2
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Plx9	1			1
665	PWS - Elevated Skull Fractures	Plx3	1	1		2
665	PWS - Elevated Skull Fractures	Plx4	1			1
667	Minor Lower Extremity Procedures For Trauma	Plx2	2			2
681	Frostbite	Plx2	1			1
681	Frostbite	Plx3			1	1
684	Fracture Of Humerus	Plx4		1		1
685	Hip And Thigh Injuries	Plx2	1			1
685	Hip And Thigh Injuries	Plx4	1	1	1	3
686	Major Nerve Injuries	Plx1	1			1
686	Major Nerve Injuries	Plx2	1			1
686	Major Nerve Injuries	Plx3	1			1
689	Genito-Urinary Injuries	Plx4	1			1
691	Minor Lower Extremity Fractures	Plx2		1		1

Schedule 4 – Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up			Total Top-Up Cases Applied
			1999/2000	1998/1999	1997/1998	
692	Wounds	Plx4	1	1		2
693	Amputations Or Vascular And Other Nerve Injuries	Plx2	3	1		4
694	Facial Injuries	Plx3	1			1
694	Facial Injuries	Plx4		1		1
805	MNRH Procedures For Injury Or Complication Of Treatment	Plx3	1	1		2
805	MNRH Procedures For Injury Or Complication Of Treatment	Plx4	1			1
811	Allergic Reaction	Plx3	4			4
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Plx2	1			1
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures	Plx4	1			1
849	Multiple Or Unspecified Congenital Anomalies	Plx1		2	2	4
849	Multiple Or Unspecified Congenital Anomalies	Plx3	1			1
849	Multiple Or Unspecified Congenital Anomalies	Plx4	2			2
852	Procedures Cancelled (MNRH)	Plx4	1	2		3
863	Ophthalmic Disorders With HIV	Plx9	1			1
864	Blood Infections With HIV	Plx9	1	3		4
867	Other Conditions Associated With HIV	Plx9	1			1
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Plx1		1		1
884	Other Amputations Including Toe	Plx4	1			1
893	Vein Ligation And Stripping (MNRH)	Plx2		1	2	3
908	Other Major Procedures For Gynecological Malignancy	Plx1	1			1
908	Other Major Procedures For Gynecological Malignancy	Plx2	1		1	2
908	Other Major Procedures For Gynecological Malignancy	Plx3	1			1
912	Obstetric Codes Invalid As Most Responsible Diagnosis	Plx9	1			1
997	Stillbirths	Plx9		4		4

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	82	41	123	2,248
1.2	Nerve & Other, General Anaesthetic	854	424	1,278	641
1.3	Nerve & Other, Other Anaesthetic	479	230	709	135
1.4	Nerve & Other, No Anaesthetic	380	232	612	510
2	Spinal	300	112	412	2,107
3	Nerve Injection	59	31	89	3,376
4	Orbital & Other Eye	605	218	823	3,966
5	Lens Interventions	441	164	605	4,608
6	Iris & Other Eye	164	73	237	390
7	Strabismus	925	380	1,305	1,370
8	External Eye	182	48	230	9,872
9	Bronch/Pharynx	710	320	1,030	127
10	Tympanoplasty	813	430	1,242	607
11	Sinus Interventions	906	443	1,349	1,329
12	Other Sinus	658	311	969	1,693
13	Tonsils & Adenoids 12+ years	618	284	902	1,103
13.1	Tonsils & Adenoids 0 < 6 years	777	298	1,074	1,043
13.2	Tonsils & Adenoids 6 < 12 years	771	305	1,076	1,342
14	Nasal Interventions	300	162	462	1,895
15	Other Respiratory	377	193	570	72
16	External Ear 18 + years	159	88	248	200
16.1	External Ear 0 < 1.5 years	417	142	559	611
16.2	External Ear 1.5 < 6 years	401	147	548	1,497
16.3	External Ear 6 < 12 years	402	163	566	672
16.4	External Ear 12 < 18 years	399	167	566	91
17	Respiratory Endoscopy - ENT	368	161	529	4,076
18	Pacemaker Implant	6,087	630	6,717	455
19	Cardiac Catheter 18 + years	1,413	399	1,813	6,141
19.1	Cardiac Catheter 0 < 6 years	3,730	787	4,517	223
19.2	Cardiac Catheter 6 < 18 years	3,177	736	3,912	268
20	Angiography 18 + years	979	320	1,299	3,236
20.1	Angiography 0 < 6 years	1,261	339	1,600	6

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	952	260	1,213	10
20.3	Angiography 12 < 18 years	1,102	320	1,422	25
21	Vascular Interventions 18 + years	782	374	1,156	1,137
21.1	Vascular Interventions 0 < 18 years	1,255	344	1,598	74
22	Other Vascular Interventions	666	303	969	1,186
23.1	Lymphatic Interventions, Local Anaesthetic	137	62	199	269
23.2	Lymphatic Interventions, General Anaesthetic	962	446	1,408	450
23.3	Lymphatic Interventions, Other Anaesthetic	647	255	901	67
23.4	Lymphatic Interventions, No Anaesthetic	547	306	854	128
24	Minor Vascular	504	163	668	1,001
25	Cholecystectomy	937	476	1,413	3,539
26	Hernia	815	367	1,182	5,500
27	ERCP	527	208	736	2,015
28.1	Endoscopy GI - Low	131	55	186	4,223
28.2	Endoscopy GI - Medium	230	94	324	41,082
28.3	Endoscopy GI - High	246	104	351	5,013
29.1	Ano-Rectal Interventions, Local Anaesthetic	78	39	117	67
29.2	Ano-Rectal Interventions, General Anaesthetic	584	262	846	589
29.3	Ano-Rectal Interventions, Other Anaesthetic	259	95	354	901
29.4	Ano-Rectal Interventions, No Anaesthetic	288	163	451	461
30.1	Minor Anal Interventions, Local Anaesthetic	71	37	108	131
30.2	Minor Anal Interventions, General Anaesthetic	695	240	935	190
30.3	Minor Anal Interventions, Other Anaesthetic	213	84	297	236
30.4	Minor Anal Interventions, No Anaesthetic	141	61	202	2,143
31	Mechanical Implants	975	531	1,507	59
32	Lithotripsy	566	229	795	3,519
33	Upper Urinary Interventions	453	198	652	2,395
34.1	Lower Uri & Genital	712	308	1,020	1,399
34.2	Reconstruction, Vas Deferens	1,259	687	1,945	41
35.1	Bladder & Urethral Interventions, Local Anaesthetic	143	60	204	16,581
35.2	Bladder & Urethral Interventions, General Anaesthetic	585	215	800	2,095
35.3	Bladder & Urethral Interventions, Other Anaesthetic	387	184	571	775

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	188	121	309	10,210
36.1	Vasectomy	177	102	279	2,276
36.2	Other Male Genital Interventions	670	278	948	1,105
37	Circumcision 18 + years	543	247	789	389
37.1	Circumcision 0 < 1.5 years	167	71	238	1,676
37.2	Circumcision 1.5 < 6 years	586	202	789	330
37.3	Circumcision 6 < 12 years	608	211	819	263
37.4	Circumcision 12 < 18 years	622	227	849	95
38	Uro Diagnostic Interventions	135	59	194	4,822
39	Uterus & Adnexal Intervention	724	376	1,100	3,721
40	Endo & Gyn Interventions	449	233	683	4,701
41	Minor Gyn Interventions	126	50	176	7,621
42	Evacuations	255	167	422	6,510
43	Maxillo-Facial	955	439	1,394	238
44	Chest Wall Interventions	647	282	929	553
45.1	Upper Extremity Interventions	891	478	1,369	836
45.2	Shoulder Interventions	1,147	520	1,667	726
46	Open Reductions	675	364	1,038	1,455
47	Tendon & Muscle Interventions	620	343	963	1,572
48	Closed Reductions	255	96	351	2,676
49	Lower Extremity	618	299	917	720
50	Knee Interventions	637	338	975	6,026
51	Ankle & Foot	662	370	1,033	546
52.1	Remove Int Fixation, Lower Extremity	622	316	938	787
52.2	Other Removal, Int Fixation	204	88	292	1,535
53	Soft Tissue Interventions	287	140	427	2,635
54	Manipulations	97	40	136	20,673
55	Mastectomy	433	197	630	2,243
56.1	Augment/Reduc Breast Bilateral	1,114	639	1,753	1,058
56.2	Augment/Reduc Breast Unilateral	915	492	1,407	392
57	Breast Plastic Interventions	317	159	476	148
58.1	Ear & Cleft Lip Reconstruction	876	402	1,277	480

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	2,229	1,277	3,506	15
58.3	Other Plastic Reconstruction	241	121	362	737
59.1	Skin Interventions, Local Anaesthetic	85	41	126	11,487
59.2	Skin Interventions, General Anaesthetic	722	291	1,012	1,723
59.3	Skin Interventions, Other Anaesthetic	178	67	245	1,140
59.4	Skin Interventions, No Anaesthetic	114	56	170	10,499
60	Dental Surgery	874	336	1,210	2,699
61.1	Biopsy, Other	446	145	591	1,426
61.2	Biopsy, Percutaneous	372	146	518	6,023
62	Hemodialysis	213	93	305	138,214
62.1	Home Hemodialysis Teaching	1,041	710	1,751	5
62.2	Selfcare Hemodialysis			168	1
63	Transfusions	291	133	423	9,263
64	Cardioversion	582	314	896	590
65	Chemotherapy Oncology	133	89	223	1,375
66	Myelogram	340	114	454	356
68	Thyroid Interventions	987	519	1,505	58
69	Parotid Duct Interventions	1,078	566	1,644	99
70	Appendectomy	1,267	655	1,922	38
71	Gastro-Intestinal Related Interventions	171	49	220	4,330
72	Peritoneal Dialysis	387	66	453	1,209
72.1	Home Peritoneal Dialysis Teaching	117	20	136	4,737
73	Hos Visit Including Diagnostic Investigation of vascular Sys	205	75	281	5
74	Hospital Visit Including Nuclear Imaging	487	120	606	19,066
75	Hospital Visit Including CAT Scan	276	68	344	71,328
76	Hospital Visit Including MRI	450	107	557	27,782
77	Hospital Visit Radiotherapy	210	57	268	1
78	Chest Xray	61	26	87	24,051
79	Other Xray	77	31	108	53,399
80	Mammogram	101	54	155	1,714
81	Ultrasound	187	49	236	31,277
82.1	Extensive Sleep Studies	826	243	1,069	2,231

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	335	90	425	179
201	Diag Inv General Cardiac 0 < 12 years	185	46	230	494
203	Diag Inv General Cardiac 12 < 18 years	195	50	246	246
205	Diag Inv General Cardiac 18+ years	176	42	218	12,859
206	Management General Cardiac 0 < 1.5 years	79	22	101	384
207	Management General Cardiac 1.5 < 12 years	81	20	101	1,178
208	Management General Cardiac 12 < 18 years	73	19	92	627
210	Management General Cardiac 18+ years	67	19	87	50,698
213	Dysrhythmia & Conductive Disorders	167	65	232	7,465
214	Congestive Heart Failure	95	32	126	4,491
215	Inflammatory Cardiac	99	43	142	179
216	Congenital Heart Disease	203	52	255	4,073
217	Diag Inv Angina	230	65	295	3,023
218	Management Angina	44	16	60	21,010
219	Diag Inv Vascular	264	85	350	757
220	Management Vascular	69	26	95	3,611
251	Diag Inv General Endocrinal 0 < 18 years	197	53	250	279
254	Diag Inv General Endocrinal 18 + years	228	81	309	83
255	Management General Endocrinal 0 < 1.5 years	75	29	103	329
256	Management General Endocrinal 1.5 < 6 years	56	24	79	518
257	Management General Endocrinal 6 < 18 years	61	22	83	993
258	Management General Endocrinal 18 + years	74	37	111	7,120
259	Management Diabetes < 18 years	128	100	228	3,648
260	Management Diabetes 18 + years	63	37	100	32,222
262	Thyrotoxicosis	87	35	122	1,622
264	Management Ketoacidosis	285	117	402	40
266	Fluid & Electrolyte < 6 years	217	81	298	424
267	Fluid & Electrolyte 6 + years	146	63	209	3,874
301	Diag Inv General ENT	151	54	205	3,072
303	Management General ENT	84	33	117	33,011
305	Otitis Media	60	23	84	10,588
306	Epistaxis	82	34	115	821

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
351	Diag Inv General Female Genital Disorders < 45 years	323	111	434	277
352	Diag Inv General Female Genital Disorders 45 + years	147	61	207	128
353	Management General Female Genital Disorders < 18 years	73	27	100	649
354	Management General Female Genital Disorders 18 < 45 years	47	15	62	11,447
355	Management General Female Genital Disorders 45 + years	52	22	74	6,411
356	Management Contraceptive	43	17	60	3,842
357	Diag Inv General Male Genital Disorders < 18 years	272	88	360	120
358	Diag Inv General Male Genital Disorders 18 + years	284	99	382	115
359	Management General Male Genital Disorders < 18 years	68	27	95	900
360	Management General Male Genital Disorders 18 + years	39	16	55	3,544
361	Diag Inv Other Genitourological Disorders < 18 years	262	81	343	386
362	Diag Inv Other Genitourological Disorders 18 + years	223	79	302	1,650
363	Management Other Genitourological Disorders < 18 years	85	31	116	4,652
364	Management Other Genitourological Disorders 18 + years	71	25	96	23,103
400	Diag Inv General Gastrointestinal 0 < 1.5 years	213	72	285	526
401	Diag Inv General Gastrointestinal 1.5 < 6 years	171	56	227	672
402	Diag Inv General Gastrointestinal 6 < 18 years	213	68	281	1,564
403	Diag Inv General Gastrointestinal 18 < 45 years	317	113	430	1,815
404	Diag Inv General Gastrointestinal 45 < 65 years	307	110	418	1,012
405	Diag Inv General Gastrointestinal 65 + years	311	111	422	775
406	Management General Gastrointestinal 0 < 1.5 years	74	29	103	6,418
407	Management General Gastrointestinal 1.5 < 6 years	75	29	104	5,885
408	Management General Gastrointestinal 6 < 18 years	73	28	101	7,382
409	Management General Gastrointestinal 18 < 45 years	70	29	99	14,000
410	Management General Gastrointestinal 45 < 65 years	66	26	92	9,777
411	Management General Gastrointestinal 65 + years	70	27	97	4,888
412	Constipation with Disimpaction	230	87	317	421
413	GI Bleed/Perforation/Obstruction	123	47	170	1,468
451	Diag Inv Hematological	261	82	342	676
452	Management Hematological 0 < 6 years	151	51	202	1,076
453	Management Hematological 6 < 12 years	202	67	270	700

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
454	Management Hematological 12 < 18 years	168	62	230	917
455	Management Hematological 18 < 65 years	116	56	172	10,118
456	Management Hematological 65 + years	100	46	146	3,361
501	Diag Inv Hepatobiliary	334	116	450	506
502	Management Hepatobiliary	58	20	78	7,853
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	271	83	354	19
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	197	61	258	56
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	224	61	286	86
555	Diag Inv Inflam Musculoskeletal 18 + years	183	56	239	2,287
556	Diag Inv Other Musculoskeletal < 18 years	104	31	135	7,449
557	Diag Inv Other Musculoskeletal 18 + years	107	37	144	36,789
558	Management Inflam Musculoskeletal 0 < 6 years	76	27	103	150
560	Management Inflam Musculoskeletal 6 < 12 years	74	23	97	319
561	Management Inflam Musculoskeletal 12 < 18 years	66	21	87	371
562	Management Inflam Musculoskeletal 18 + years	45	20	65	23,145
563	Management Other Musculoskeletal < 18 years	37	14	51	6,986
564	Management Other Musculoskeletal 18 + years	25	12	37	51,332
565	Diag Inv Congenital Musculoskeletal Deformities	169	51	220	107
566	Management Congenital Musculoskeletal Deformities	80	28	108	775
567	Diag Inv Other Inflam Musculoskeletal	142	50	192	535
568	Management Other Inflam Musculoskeletal	35	15	51	3,749
569	Infectious Musculoskeletal	66	25	91	1,866
601	Diag Inv General Neurology	209	60	268	920
602	Management General Neurology 0 < 6 years	103	32	134	1,918
603	Management General Neurology 6 < 12 years	108	30	138	1,503
604	Management General Neurology 12 < 18 years	82	31	113	790
605	Management General Neurology 18 < 65 years	72	31	104	10,949
606	Management General Neurology 65 + years	89	28	118	3,266
607	Migraine Headache	72	32	103	4,631
608	Diag Inv Headache	159	62	221	142
609	Management Headache	68	30	98	3,265
610	Diag Inv Meningitis	291	119	410	6

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
611	Management Meningitis	88	35	122	234
612	Diag Inv Cerebrovascular	265	84	349	480
613	Management Cerebrovascular	135	52	187	4,058
614	Diag Inv Convulsions	155	38	193	1,202
615	Management Convulsions	80	26	106	6,840
616	Diag Inv Vertigo	230	82	313	98
617	Management Vertigo	113	41	154	1,920
651	Antepartum Routine	122	43	164	2,377
652	Postpartum Routine	119	46	165	297
653	Diag Inv Neonatal & Congenital	193	53	246	166
654	Management Neonatal & Congenital	110	39	149	1,738
656	Delivery with Postpartum Complications	110	42	151	5
657	Delivery without PostpartumComplications	61	32	93	5
658	Postpartum Conditions Outcomes Uncomplicated	72	32	103	990
659	Diag Inv Pregnancy with Abortive	409	140	549	65
660	Management Pregnancy with Abortive Outcomes Uncomp	164	71	235	190
662	Diag Inv Antepartum	243	78	321	5,555
663	Management Antepartum	56	27	83	22,807
664	Diag Inv Pregnancy with Abortive Outcomes Complica	509	169	677	10
665	Management Pregnancy with AbortiveOutcomes Complic	146	61	207	24
701	Diag Inv Oncological	200	68	269	518
702	Management Oncological	79	46	124	4,005
703	Radiotherapy (includes diagnosis code V58.0)	76	34	111	7
704	IV Therapy -- Non Cancer Related	72	30	102	48,642
751	Diag Inv Ophthalmology 0 < 12 years	168	44	212	70
752	Diag Inv Opthalmology 12 < 18 years	160	53	213	50
753	Diag Inv Ophthalmology 18 < 45 years	163	54	217	1,150
754	Diag Inv Ophthalmology 45 + years	154	56	210	8,379
755	Management Ophthalmology 0 < 12 years	56	23	79	7,830
756	Management Ophthalmology 12 < 18 years	52	24	76	1,725
757	Management Ophthalmology 18 < 45 years	52	26	78	8,660
758	Management Ophthalmology 45 + years	51	27	78	30,037

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
801	Diag Inv Psychiatry	211	68	278	479
802	Management Psychiatry	71	26	97	96,717
803	Drug & Alcohol Related Conditions	118	45	164	3,818
851	Diag Inv General Respiratory < 18 years	164	60	224	4,274
852	Diag Inv General Respiratory 18 + years	207	78	284	5,814
853	Management General Respiratory 0 < 1.5 years	93	38	131	4,147
854	Management General Respiratory 1.5 < 6 years	95	38	133	6,597
855	Management General Respiratory 6 < 18 years	93	39	133	6,138
856	Management General Respiratory 18 < 65 years	81	35	116	9,190
857	Management General Respiratory 65 + years	110	48	158	3,966
863	Diag Inv Severe Respiratory Disease	240	81	320	581
864	Management Severe Respiratory Disease	182	66	248	1,799
901	Diag Inv Skin & Soft Tissue	125	47	171	4,462
902	Management Skin & Soft Tissue	49	26	75	49,183
906	Cellulitis	79	32	111	6,394
951	Diag Inv Systemic Infection	198	67	264	1,495
952	Management Systemic Infection < 18 years	79	30	109	9,849
953	Management Systemic Infection 18 < 45 years	81	33	114	1,011
954	Management Systemic Infection 45 + years	74	24	98	689
955	Diag Inv AIDS	243	51	294	168
956	Management AIDS	108	23	131	3,017
999	Ungroupable	84	25	109	73
1001	Open Fracture Fingers & Toes	139	61	200	83
1002	Closed Fracture Fingers & Toes	75	32	108	2,254
1003	Fractured Nose, Open & Closed	82	36	118	332
1004	Open Fracture & Dislocations Other	206	96	302	67
1005	Closed Fracture & Dislocations Other	133	51	184	9,436
1007	Open Wounds without Complications	75	32	107	5,941
1008	Open Wound with Complications	88	38	126	509
1009	Sprains	113	45	159	9,517
1010	Contusions Fingers/Toes	84	35	119	627
1011	Contusions except Fingers/Toes	123	48	171	5,658

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1012	Open Wound Eye	62	24	85	287
1013	Foreign Body Eyes, Ears, Nose	56	24	80	773
1014	Foreign Body except Eyes, Ears, Nose	121	44	165	951
1015	Diag Inv Poisoning	261	103	364	173
1016	Management Poisoning	148	60	208	2,061
1017	Amputation except Fingers/Toes	27	11	37	2
1018	Abuse/Sexual Assault 0 < 12 years	318	95	412	502
1019	Abuse/Sexual Assault 12+ years	284	93	378	171
1020	Burn Moderate to Severe	75	33	108	75
1021	Minor Other Injuries	94	39	133	10,925
1022	Moderate Other Injuries	423	171	594	1,494
1024	Comas	230	95	325	14
1025	Shock	143	58	201	211
1026	Open Spinal Fracture & Dislocation	301	141	442	2
1027	Closed Spinal Fracture & Dislocation	205	70	275	172
1028	Diag Inv Head Injury	206	69	275	301
1029	Management Head Injury	70	21	90	2,058
1030	Diag Inv Thoraco-Abdominal & Major Vascular	242	88	330	73
1031	Management Thoraco-Abdominal & Major Vascular	82	35	117	846
1032	Burn Minor 0 < 6 years	82	32	114	403
1033	Burn Minor 6 + years	74	34	108	856
1034	Diag Inv Major Other Injuries	204	69	273	38
1035	Management Major Other Injuries	200	52	252	252
1051	Assessment Referral	116	56	172	1,370
1052	Assessment Intake	133	38	172	5,203
1053	Assessment Collateral	108	35	143	398
1054	Legal Assessment Half Day			168	1
1055	Legal Assessment Full Day			168	1
1056	Assessment Specialized	158	38	195	435
1057	Individual Therapy	56	22	78	56,185
1058	Crisis/Intervention Calls Telephone Crisis Calls	41	25	66	2
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			168	1

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Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1060	Couple Therapy	155	49	205	189
1061	Family Therapy	138	49	187	525
1062	Group Therapy	29	12	41	57,983
1063	ECT	176	121	298	1,812
1064	Medication Administration	73	25	97	14,921
1065	Patient Specific Consultations/Case Supervision	60	25	85	8,729
1066	Patient Specific Hearings			168	1
1067	Patient Specific Professional Reports and Applications			168	1
1068	Patient Specific Critical Incident Documentation			168	1
1069	Diagnostic Testing/Scoring Testing Type 1	263	109	372	674
1070	Diagnostic Testing/Scoring Testing Type 2	416	63	479	190
1071	Diagnostic Testing/Scoring Testing Type 3	717	97	814	6
1072	Therapeutic Milieu Programs Half Day	24	5	29	1,153
1073	Therapeutic Milieu Programs Full Day			168	1
1074	Mental Health Education 0-120 min	41	23	65	242
1075	Mental Health Education 121-240 min				-
1076	Mental Health Education 241-360 min				-
1077	Mental Health Education 361-480 min				-
1101	OT Group 1	20	4	24	55,602
1102	OT Group 2	49	9	58	40,065
1103	OT Group 3	76	14	90	7,037
1104	OT Group 4	120	25	145	23,681
1105	OT Group 5	170	46	217	1,471
1106	OT Group 6	296	80	377	573
1111	Physical Therapy Group 1	21	9	30	91,447
1112	Physical Therapy Group 2	42	13	55	66,712
1113	Physical Therapy Group 3	53	18	70	12,900
1114	Physical Therapy Group 4	91	24	115	23,671
1115	Physical Therapy Group 5	145	37	181	753
1116	Physical Therapy Group 6	197	52	248	168
1121	Recreational Therapy Group 1	14	2	16	16,261
1122	Recreational Therapy Group 2	32	7	39	5,944

Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1123	Recreational Therapy Group 3	49	19	68	94
1124	Recreational Therapy Group 4	79	12	91	2,128
1125	Recreational Therapy Group 5	128	16	144	50
1126	Recreational Therapy Group 6	218	28	246	6
1131	Speech-Language Pathology Group 1	44	7	51	72,487
1132	Speech-Language Pathology Group 2	131	22	153	8,973
1133	Speech-Language Pathology Group 3	72	7	80	560
1134	Speech-Language Pathology Group 4	134	21	155	5,052
1135	Speech-Language Pathology Group 5	136	24	160	5,384
1136	Speech-Language Pathology Group 6	216	49	265	214
1141	Audiology Group 1	21	3	25	3,302
1142	Audiology Group 2	86	24	110	5,515
1143	Audiology Group 3	167	42	209	7,322
1144	Audiology Group 4	418	132	550	390
1145	Audiology Group 5 - Cochlear Implant			168	1
1151	Resp Therapy Group 1	37	7	44	11,193
1152	Resp Therapy Group 2	68	13	82	18,965
1153	Resp Therapy Group 3	130	25	155	9,806
1154	Resp Therapy Group 4	166	37	203	9,235
1155	Resp Therapy Group 5	282	73	355	1,624
1156	Resp Therapy Group 6	349	94	443	1,150
1201	Clinical Nutrition Group 1	29	7	36	28,292
1202	Clinical Nutrition Group 2	50	11	61	24,174
1203	Clinical Nutrition Group 3	73	13	86	4,429
1204	Clinical Nutrition Group 4	121	31	152	13,035
1205	Clinical Nutrition Group 5	166	42	208	1,234
1206	Clinical Nutrition Group 6	256	56	312	185
1221	Social Work Group 1	38	6	45	37,169
1222	Social Work Group 2	92	14	106	16,759
1223	Social Work Group 3	183	27	211	1,415
1224	Social Work Group 4	251	41	292	355
1225	Social Work Group 5	367	54	421	38

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1226	Social Work Group 6	867	103	970	4
1241	Psychology Group 1	42	7	49	36,105
1242	Psychology Group 2	148	25	173	7,857
1243	Psychology Group 3	218	34	252	733
1244	Psychology Group 4	332	53	384	3,795
1245	Psychology Group 5	495	72	567	45
1246	Psychology Group 6	467	73	539	18
1247	Psychology Group 7	146	18	164	346
1248	Psychology Group 8	301	37	339	247
1249	Psychology Group 9	572	71	643	114
2001	Critical Care Unit or O.R. with Secondary Diagnosis	313	113	426	1,029
2002	Critical Care Unit or O.R. without Secondary Diagnosis	273	100	373	1,854
2003	Other Unit with Secondary Diagnosis	272	101	373	10,100
2004	Other Unit without Secondary Diagnosis	234	87	321	18,760
2021	DOA	160	75	235	25
2022	Died During Visit	187	79	266	152
2023	Death - Organ Donor	33	23	56	2
2041	Patient Transferred with Secondary Diagnosis	315	133	449	1,042
2042	Patient Transferred without Secondary Diagnosis	273	114	387	1,394
2050	Diag Inv General Symptoms/Exam	184	43	227	11,189
2051	Management General Symptoms/Exam < 18 years	140	61	201	19,626
2052	Management General Symptoms/Exam 18 < 45 years	106	43	149	17,145
2053	Management General Symptoms/Exam 45 < 65 years	112	45	156	13,363
2054	Management General Symptoms/Exam 65+ years	112	42	154	17,458
2059	Prophylactic Vaccination	188	56	244	6,328
2060	Therapeutic Medical Counseling	43	17	60	29,451
2062	Preoperative Exam	162	46	208	57,537
2063	Private Practice Office Visit	22	7	29	10,451
2064	Therapy - No Intervention Code	51	6	57	7,259
2066	Contact/Carrier of Communicable Disease	125	26	151	1,566
2067	Health Hazard Related to Personal/Family History	908	383	1,291	1,539
2068	Routine Health Supervision	59	32	91	14,922

Schedule 5 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2069	Postsurgical Status	59	23	82	19,926
2070	Follow-up/Convalescence	55	21	76	29,988
2071	Screening Exam	142	36	178	8,513
2072	Screening Exam - Genetics				-
2073	Genetic Counselling	966	200	1,166	2,749
2081	Non Registered Service Recipients				-
2082	Mode of Service - Telephone	29	10	39	194,996
2099	Patient Left Without Being Seen	102	41	143	2,429

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1.1	Nerve & Other, Local Anaesthetic	1,069	1,179	2,248	136	111	123
1.2	Nerve & Other, General Anaesthetic	529	112	641	1,288	1,229	1,278
1.3	Nerve & Other, Other Anaesthetic	77	58	135	794	595	709
1.4	Nerve & Other, No Anaesthetic	174	336	510	622	607	612
2	Spinal	1,102	1,005	2,107	390	436	412
3	Nerve Injection	1,777	1,599	3,376	102	76	89
4	Orbital & Other Eye	3,274	692	3,966	817	851	823
5	Lens Interventions	4,161	447	4,608	609	564	605
6	Iris & Other Eye	202	188	390	313	156	237
7	Strabismus	903	467	1,370	1,399	1,125	1,305
8	External Eye	5,652	4,220	9,872	281	163	230
9	Bronch/Pharynx	68	59	127	1,056	1,000	1,030
10	Tympanoplasty	425	182	607	1,341	1,011	1,242
11	Sinus Interventions	911	418	1,329	1,390	1,259	1,349
12	Other Sinus	1,098	595	1,693	998	917	969
13	Tonsils & Adenoids 12+ years	678	425	1,103	990	762	902
13.1	Tonsils & Adenoids 0 < 6 years	587	456	1,043	1,211	898	1,074
13.2	Tonsils & Adenoids 6 < 12 years	760	582	1,342	1,228	877	1,076
14	Nasal Interventions	1,033	862	1,895	496	422	462
15	Other Respiratory	45	27	72	664	413	570
16	External Ear 18 + years	116	84	200	306	167	248
16.1	External Ear 0 < 1.5 years	339	272	611	630	471	559
16.2	External Ear 1.5 < 6 years	856	641	1,497	633	434	548
16.3	External Ear 6 < 12 years	382	290	672	671	426	566
16.4	External Ear 12 < 18 years	49	42	91	697	413	566
17	Respiratory Endoscopy - ENT	2,125	1,951	4,076	536	521	529
18	Pacemaker Implant	241	214	455	6,070	7,446	6,717
19	Cardiac Catheter 18 + years	4,398	1,743	6,141	1,754	1,961	1,813
19.1	Cardiac Catheter 0 < 6 years	101	122	223	4,292	4,704	4,517
19.2	Cardiac Catheter 6 < 18 years	126	142	268	3,549	4,235	3,912
20	Angiography 18 + years	1,577	1,659	3,236	1,221	1,374	1,299
20.1	Angiography 0 < 6 years	3	3	6	1,789	1,411	1,600

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
20.2	Angiography 6 < 12 years	6	4	10	1,178	1,265	1,213
20.3	Angiography 12 < 18 years	13	12	25	1,373	1,475	1,422
21	Vascular Interventions 18 + years	638	499	1,137	1,170	1,137	1,156
21.1	Vascular Interventions 0 < 18 years	44	30	74	1,859	1,216	1,598
22	Other Vascular Interventions	596	590	1,186	1,000	937	969
23.1	Lymphatic Interventions, Local Anaesthetic	125	144	269	248	156	199
23.2	Lymphatic Interventions, General Anaesthetic	334	116	450	1,531	1,053	1,408
23.3	Lymphatic Interventions, Other Anaesthetic	23	44	67	788	960	901
23.4	Lymphatic Interventions, No Anaesthetic	54	74	128	936	794	854
24	Minor Vascular	440	561	1,001	619	706	668
25	Cholecystectomy	1,843	1,696	3,539	1,451	1,373	1,413
26	Hernia	2,838	2,662	5,500	1,243	1,118	1,182
27	ERCP	981	1,034	2,015	746	727	736
28.1	Endoscopy GI - Low	1,965	2,258	4,223	189	184	186
28.2	Endoscopy GI - Medium	20,889	20,193	41,082	337	312	324
28.3	Endoscopy GI - High	2,731	2,282	5,013	346	356	351
29.1	Ano-Rectal Interventions, Local Anaesthetic	39	28	67	100	141	117
29.2	Ano-Rectal Interventions, General Anaesthetic	390	199	589	871	798	846
29.3	Ano-Rectal Interventions, Other Anaesthetic	613	288	901	389	279	354
29.4	Ano-Rectal Interventions, No Anaesthetic	176	285	461	466	442	451
30.1	Minor Anal Interventions, Local Anaesthetic	54	77	131	130	92	108
30.2	Minor Anal Interventions, General Anaesthetic	117	73	190	883	1,018	935
30.3	Minor Anal Interventions, Other Anaesthetic	198	38	236	287	350	297
30.4	Minor Anal Interventions, No Anaesthetic	1,152	991	2,143	196	209	202
31	Mechanical Implants	34	25	59	1,620	1,352	1,507
32	Lithotripsy	1,583	1,936	3,519	714	862	795
33	Upper Urinary Interventions	775	1,620	2,395	856	554	652
34.1	Lower Uri & Genital	789	610	1,399	1,185	806	1,020
34.2	Reconstruction, Vas Deferens	16	25	41	2,125	1,831	1,945
35.1	Bladder & Urethral Interventions, Local Anaesthetic	10,425	6,156	16,581	211	192	204
35.2	Bladder & Urethral Interventions, General Anaesthetic	1,352	743	2,095	833	739	800
35.3	Bladder & Urethral Interventions, Other Anaesthetic	726	49	775	566	634	571

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Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	2,910	7,300	10,210	335	299	309
36.1	Vasectomy	1,144	1,132	2,276	294	265	279
36.2	Other Male Genital Interventions	559	546	1,105	1,043	851	948
37	Circumcision 18 + years	196	193	389	860	717	789
37.1	Circumcision 0 < 1.5 years	870	806	1,676	214	264	238
37.2	Circumcision 1.5 < 6 years	141	189	330	881	720	789
37.3	Circumcision 6 < 12 years	118	145	263	903	751	819
37.4	Circumcision 12 < 18 years	43	52	95	932	780	849
38	Uro Diagnostic Interventions	2,486	2,336	4,822	179	210	194
39	Uterus & Adnexal Intervention	2,525	1,196	3,721	1,125	1,047	1,100
40	Endo & Gyn Interventions	2,911	1,790	4,701	701	653	683
41	Minor Gyn Interventions	3,941	3,680	7,621	191	159	176
42	Evacuations	3,634	2,876	6,510	438	403	422
43	Maxillo-Facial	124	114	238	1,495	1,284	1,394
44	Chest Wall Interventions	253	300	553	955	906	929
45.1	Upper Extremity Interventions	483	353	836	1,432	1,283	1,369
45.2	Shoulder Interventions	433	293	726	1,663	1,672	1,667
46	Open Reductions	732	723	1,455	1,139	937	1,038
47	Tendon & Muscle Interventions	805	767	1,572	1,049	873	963
48	Closed Reductions	1,359	1,317	2,676	349	354	351
49	Lower Extremity	409	311	720	900	939	917
50	Knee Interventions	3,256	2,770	6,026	1,041	899	975
51	Ankle & Foot	287	259	546	1,138	916	1,033
52.1	Remove Int Fixation, Lower Extremity	456	331	787	969	896	938
52.2	Other Removal, Int Fixation	771	764	1,535	311	273	292
53	Soft Tissue Interventions	1,338	1,297	2,635	456	396	427
54	Manipulations	10,335	10,338	20,673	136	137	136
55	Mastectomy	1,109	1,134	2,243	659	602	630
56.1	Augment/Reduc Breast Bilateral	653	405	1,058	1,861	1,579	1,753
56.2	Augment/Reduc Breast Unilateral	207	185	392	1,527	1,273	1,407
57	Breast Plastic Interventions	104	44	148	461	509	476
58.1	Ear & Cleft Lip Reconstruction	245	235	480	1,415	1,133	1,277

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
58.2	Face Rhytidectomy	7	8	15	3,443	3,562	3,506
58.3	Other Plastic Reconstruction	324	413	737	341	379	362
59.1	Skin Interventions, Local Anaesthetic	5,582	5,905	11,487	140	112	126
59.2	Skin Interventions, General Anaesthetic	1,128	595	1,723	1,080	883	1,012
59.3	Skin Interventions, Other Anaesthetic	657	483	1,140	263	220	245
59.4	Skin Interventions, No Anaesthetic	5,177	5,322	10,499	164	175	170
60	Dental Surgery	1,418	1,281	2,699	1,339	1,067	1,210
61.1	Biopsy, Other	710	716	1,426	594	589	591
61.2	Biopsy, Percutaneous	2,936	3,087	6,023	646	397	518
62	Hemodialysis	73,436	64,778	138,214	293	319	305
62.1	Home Hemodialysis Teaching			5			1,751
62.2	Selfcare Hemodialysis			1			168
63	Transfusions	4,872	4,391	9,263	432	414	423
64	Cardioversion	328	262	590	909	881	896
65	Chemotherapy Oncology	662	713	1,375	205	239	223
66	Myelogram	129	227	356	488	435	454
68	Thyroid Interventions	23	35	58	1,802	1,310	1,505
69	Parotid Duct Interventions	65	34	99	1,739	1,462	1,644
70	Appendectomy	17	21	38	1,816	2,008	1,922
71	Gastro-Intestinal Related Interventions	2,098	2,232	4,330	220	220	220
72	Peritoneal Dialysis	649	560	1,209	447	459	453
72.1	Home Peritoneal Dialysis Teaching	1,416	3,321	4,737	208	106	136
73	Hos Visit Including Diagnostic Investigation of vascular Sys	1	3	5	353	221	281
74	Hospital Visit Including Nuclear Imaging	8,384	10,682	19,066	627	590	606
75	Hospital Visit Including CAT Scan	38,196	33,132	71,328	345	344	344
76	Hospital Visit Including MRI	22,510	5,272	27,782	520	713	557
77	Hopsital Visit Radiotherapy			1			268
78	Chest Xray	12,247	11,804	24,051	82	92	87
79	Other Xray	26,367	27,032	53,399	105	112	108
80	Mammogram	851	863	1,714	174	136	155
81	Ultrasound	17,468	13,809	31,277	241	229	236
82.1	Extensive Sleep Studies	1,130	1,101	2,231	1,084	1,053	1,069

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Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
82.2	Other Sleep Labs	84	95	179	562	304	425
201	Diag Inv General Cardiac 0 < 12 years	337	157	494	221	249	230
203	Diag Inv General Cardiac 12 < 18 years	162	84	246	240	256	246
205	Diag Inv General Cardiac 18+ years	6,939	5,920	12,859	226	208	218
206	Management General Cardiac 0 < 1.5 years	231	153	384	93	113	101
207	Management General Cardiac 1.5 < 12 years	736	442	1,178	97	108	101
208	Management General Cardiac 12 < 18 years	343	284	627	89	95	92
210	Management General Cardiac 18+ years	25,800	24,898	50,698	86	88	87
213	Dysrhythmia & Conductive Disorders	3,811	3,654	7,465	214	251	232
214	Congestive Heart Failure	2,563	1,928	4,491	109	149	126
215	Inflammatory Cardiac	110	69	179	145	136	142
216	Congenital Heart Disease	1,686	2,387	4,073	251	257	255
217	Diag Inv Angina	1,570	1,453	3,023	236	359	295
218	Management Angina	10,993	10,017	21,010	61	59	60
219	Diag Inv Vascular	390	367	757	349	351	350
220	Management Vascular	1,761	1,850	3,611	98	93	95
251	Diag Inv General Endocrinal 0 < 18 years	139	140	279	249	252	250
254	Diag Inv General Endocrinal 18 + years	42	41	83	328	289	309
255	Management General Endocrinal 0 < 1.5 years	175	154	329	92	116	103
256	Management General Endocrinal 1.5 < 6 years	282	236	518	85	73	79
257	Management General Endocrinal 6 < 18 years	589	404	993	89	74	83
258	Management General Endocrinal 18 + years	3,648	3,472	7,120	105	118	111
259	Management Diabetes < 18 years	1,933	1,715	3,648	224	233	228
260	Management Diabetes 18 + years	15,998	16,224	32,222	95	105	100
262	Thyrotoxicosis	781	841	1,622	126	119	122
264	Management Ketoacidosis	27	13	40	439	324	402
266	Fluid & Electrolyte < 6 years	194	230	424	276	317	298
267	Fluid & Electrolyte 6 + years	1,823	2,051	3,874	207	211	209
301	Diag Inv General ENT	1,441	1,631	3,072	201	208	205
303	Management General ENT	15,981	17,030	33,011	124	111	117
305	Otitis Media	5,141	5,447	10,588	87	81	84
306	Epistaxis	456	365	821	116	114	115

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
351	Diag Inv General Female Genital Disorders < 45 years	146	131	277	428	441	434
352	Diag Inv General Female Genital Disorders 45 + years	104	24	128	170	367	207
353	Management General Female Genital Disorders < 18 years	296	353	649	100	100	100
354	Management General Female Genital Disorders 18 < 45 years	5,812	5,635	11,447	63	62	62
355	Management General Female Genital Disorders 45 + years	3,293	3,118	6,411	76	72	74
356	Management Contraceptive	1,857	1,985	3,842	54	66	60
357	Diag Inv General Male Genital Disorders < 18 years	67	53	120	349	374	360
358	Diag Inv General Male Genital Disorders 18 + years	63	52	115	372	395	382
359	Management General Male Genital Disorders < 18 years	464	436	900	105	83	95
360	Management General Male Genital Disorders 18 + years	1,889	1,655	3,544	60	48	55
361	Diag Inv Other Genitourological Disorders < 18 years	197	189	386	334	352	343
362	Diag Inv Other Genitourological Disorders 18 + years	708	942	1,650	307	298	302
363	Management Other Genitourological Disorders < 18 years	2,308	2,344	4,652	117	114	116
364	Management Other Genitourological Disorders 18 + years	12,111	10,992	23,103	100	91	96
400	Diag Inv General Gastrointestinal 0 < 1.5 years	304	222	526	271	304	285
401	Diag Inv General Gastrointestinal 1.5 < 6 years	353	319	672	217	238	227
402	Diag Inv General Gastrointestinal 6 < 18 years	784	780	1,564	281	280	281
403	Diag Inv General Gastrointestinal 18 < 45 years	888	927	1,815	431	429	430
404	Diag Inv General Gastrointestinal 45 < 65 years	517	495	1,012	406	430	418
405	Diag Inv General Gastrointestinal 65 + years	415	360	775	447	393	422
406	Management General Gastrointestinal 0 < 1.5 years	3,298	3,120	6,418	105	101	103
407	Management General Gastrointestinal 1.5 < 6 years	3,005	2,880	5,885	104	104	104
408	Management General Gastrointestinal 6 < 18 years	3,828	3,554	7,382	102	100	101
409	Management General Gastrointestinal 18 < 45 years	7,244	6,756	14,000	103	95	99
410	Management General Gastrointestinal 45 < 65 years	5,534	4,243	9,777	95	87	92
411	Management General Gastrointestinal 65 + years	2,532	2,356	4,888	105	89	97
412	Constipation with Disimpaction	243	178	421	300	341	317
413	GI Bleed/Perforation/Obstruction	771	697	1,468	176	164	170
451	Diag Inv Hematological	364	312	676	346	338	342
452	Management Hematological 0 < 6 years	516	560	1,076	199	204	202
453	Management Hematological 6 < 12 years	384	316	700	272	267	270
454	Management Hematological 12 < 18 years	386	531	917	250	216	230

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
455	Management Hematological 18 < 65 years	4,975	5,143	10,118	163	181	172
456	Management Hematological 65 + years	1,844	1,517	3,361	144	148	146
501	Diag Inv Hepatobiliary	251	255	506	451	449	450
502	Management Hepatobiliary	3,824	4,029	7,853	80	76	78
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	6	13	19	299	379	354
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	27	29	56	236	278	258
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	39	47	86	257	309	286
555	Diag Inv Inflam Musculoskeletal 18 + years	1,172	1,115	2,287	238	241	239
556	Diag Inv Other Musculoskeletal < 18 years	3,736	3,713	7,449	132	138	135
557	Diag Inv Other Musculoskeletal 18 + years	19,436	17,353	36,789	139	150	144
558	Management Inflam Musculoskeletal 0 < 6 years	82	68	150	107	98	103
560	Management Inflam Musculoskeletal 6 < 12 years	139	180	319	112	86	97
561	Management Inflam Musculoskeletal 12 < 18 years	184	187	371	93	82	87
562	Management Inflam Musculoskeletal 18 + years	11,669	11,476	23,145	64	65	65
563	Management Other Musculoskeletal < 18 years	3,375	3,611	6,986	55	48	51
564	Management Other Musculoskeletal 18 + years	26,172	25,160	51,332	37	37	37
565	Diag Inv Congenital Musculoskeletal Deformities	47	60	107	213	225	220
566	Management Congenital Musculoskeletal Deformities	390	385	775	114	102	108
567	Diag Inv Other Inflam Musculoskeletal	263	272	535	195	189	192
568	Management Other Inflam Musculoskeletal	1,804	1,945	3,749	53	49	51
569	Infectious Musculoskeletal	1,080	786	1,866	86	97	91
601	Diag Inv General Neurology	488	432	920	277	259	268
602	Management General Neurology 0 < 6 years	903	1,015	1,918	143	127	134
603	Management General Neurology 6 < 12 years	684	819	1,503	159	121	138
604	Management General Neurology 12 < 18 years	399	391	790	118	108	113
605	Management General Neurology 18 < 65 years	4,820	6,129	10,949	104	103	104
606	Management General Neurology 65 + years	1,510	1,756	3,266	124	112	118
607	Migraine Headache	2,302	2,329	4,631	103	103	103
608	Diag Inv Headache	69	73	142	205	236	221
609	Management Headache	1,730	1,535	3,265	98	98	98
610	Diag Inv Meningitis		6	6		410	410
611	Management Meningitis	131	103	234	121	124	122

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
612	Diag Inv Cerebrovascular	302	178	480	356	337	349
613	Management Cerebrovascular	2,486	1,572	4,058	194	177	187
614	Diag Inv Convulsions	530	672	1,202	207	181	193
615	Management Convulsions	3,493	3,347	6,840	110	102	106
616	Diag Inv Vertigo	52	46	98	327	296	313
617	Management Vertigo	1,031	889	1,920	146	163	154
651	Antepartum Routine	886	1,491	2,377	81	214	164
652	Postpartum Routine	82	215	297	50	208	165
653	Diag Inv Neonatal & Congenital	90	76	166	254	237	246
654	Management Neonatal & Congenital	951	787	1,738	157	139	149
656	Delivery with Postpartum Complications	1	2	5	269	201	151
657	Delivery without PostpartumComplications	1	4	5	279	46	93
658	Postpartum Conditions Outcomes Uncomplicated	521	469	990	99	108	103
659	Diag Inv Pregnancy with Abortive	32	33	65	566	532	549
660	Management Pregnancy with Abortive Outcomes Uncomp	110	80	190	281	171	235
662	Diag Inv Antepartum	2,831	2,724	5,555	340	301	321
663	Management Antepartum	12,621	10,186	22,807	92	72	83
664	Diag Inv Pregnancy with Abortive Outcomes Complica	5	5	10	687	667	677
665	Management Pregnancy with AbortiveOutcomes Complic	17	7	24	201	222	207
701	Diag Inv Oncological	283	235	518	282	252	269
702	Management Oncological	2,221	1,784	4,005	127	121	124
703	Radiotherapy (includes diagnosis code V58.0)	6	1	7	115	84	111
704	IV Therapy – Non Cancer Related	22,843	25,799	48,642	103	102	102
751	Diag Inv Ophthalmology 0 < 12 years	34	36	70	201	222	212
752	Diag Inv Opthalmology 12 < 18 years	38	12	50	202	245	213
753	Diag Inv Ophthalmology 18 < 45 years	786	364	1,150	208	238	217
754	Diag Inv Ophthalmology 45 + years	5,984	2,395	8,379	197	243	210
755	Management Ophthalmology 0 < 12 years	4,150	3,680	7,830	75	83	79
756	Management Ophthalmology 12 < 18 years	1,095	630	1,725	69	87	76
757	Management Ophthalmology 18 < 45 years	6,216	2,444	8,660	70	97	78
758	Management Ophthalmology 45 + years	21,933	8,104	30,037	71	95	78
801	Diag Inv Psychiatry	271	208	479	266	295	278

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
802	Management Psychiatry	64,788	31,929	96,717	92	105	97
803	Drug & Alcohol Related Conditions	2,204	1,614	3,818	164	162	164
851	Diag Inv General Respiratory < 18 years	2,151	2,123	4,274	224	224	224
852	Diag Inv General Respiratory 18 + years	2,926	2,888	5,814	290	278	284
853	Management General Respiratory 0 < 1.5 years	2,108	2,039	4,147	130	132	131
854	Management General Respiratory 1.5 < 6 years	3,563	3,034	6,597	125	141	133
855	Management General Respiratory 6 < 18 years	3,152	2,986	6,138	129	137	133
856	Management General Respiratory 18 < 65 years	4,520	4,670	9,190	111	120	116
857	Management General Respiratory 65 + years	1,311	2,655	3,966	110	181	158
863	Diag Inv Severe Respiratory Disease	312	269	581	336	303	320
864	Management Severe Respiratory Disease	806	993	1,799	266	234	248
901	Diag Inv Skin & Soft Tissue	2,293	2,169	4,462	170	172	171
902	Management Skin & Soft Tissue	24,100	25,083	49,183	72	78	75
906	Cellulitis	4,142	2,252	6,394	110	112	111
951	Diag Inv Systemic Infection	786	709	1,495	266	263	264
952	Management Systemic Infection < 18 years	4,996	4,853	9,849	114	103	109
953	Management Systemic Infection 18 < 45 years	503	508	1,011	113	114	114
954	Management Systemic Infection 45 + years	353	336	689	99	97	98
955	Diag Inv AIDS	77	91	168	271	313	294
956	Management AIDS	1,564	1,453	3,017	122	141	131
999	Ungroupable	40	33	73	124	91	109
1001	Open Fracture Fingers & Toes	42	41	83	203	197	200
1002	Closed Fracture Fingers & Toes	1,247	1,007	2,254	106	109	108
1003	Fractured Nose, Open & Closed	153	179	332	125	112	118
1004	Open Fracture & Dislocations Other	42	25	67	314	281	302
1005	Closed Fracture & Dislocations Other	5,129	4,307	9,436	188	181	184
1007	Open Wounds without Complications	3,541	2,400	5,941	109	103	107
1008	Open Wound with Complications	269	240	509	138	112	126
1009	Sprains	4,756	4,761	9,517	159	159	159
1010	Contusions Fingers/Toes	323	304	627	127	110	119
1011	Contusions except Fingers/Toes	2,960	2,698	5,658	170	173	171
1012	Open Wound Eye	209	78	287	65	140	85

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1013	Foreign Body Eyes, Ears, Nose	496	277	773	80	79	80
1014	Foreign Body except Eyes, Ears, Nose	498	453	951	165	166	165
1015	Diag Inv Poisoning	88	85	173	366	361	364
1016	Management Poisoning	1,005	1,056	2,061	216	201	208
1017	Amputation except Fingers/Toes	1	1	2	65	10	37
1018	Abuse/Sexual Assault 0 < 12 years	134	368	502	119	519	412
1019	Abuse/Sexual Assault 12+ years	66	105	171	199	490	378
1020	Burn Moderate to Severe	41	34	75	96	122	108
1021	Minor Other Injuries	5,906	5,019	10,925	137	128	133
1022	Moderate Other Injuries	768	726	1,494	602	586	594
1024	Comas	4	10	14	350	315	325
1025	Shock	105	106	211	201	201	201
1026	Open Spinal Fracture & Dislocation	1		2	390		442
1027	Closed Spinal Fracture & Dislocation	108	64	172	286	255	275
1028	Diag Inv Head Injury	158	143	301	284	265	275
1029	Management Head Injury	998	1,060	2,058	104	78	90
1030	Diag Inv Thoraco-Abdominal & Major Vascular	33	40	73	316	341	330
1031	Management Thoraco-Abdominal & Major Vascular	432	414	846	118	115	117
1032	Burn Minor 0 < 6 years	206	197	403	116	112	114
1033	Burn Minor 6 + years	453	403	856	104	113	108
1034	Diag Inv Major Other Injuries	22	16	38	301	234	273
1035	Management Major Other Injuries	79	173	252	193	279	252
1051	Assessment Referral	909	461	1,370	163	190	172
1052	Assessment Intake	1,097	4,106	5,203	181	170	172
1053	Assessment Collateral	54	344	398	184	136	143
1054	Legal Assessment Half Day			1			168
1055	Legal Assessment Full Day			1			168
1056	Assessment Specialized	46	389	435	263	187	195
1057	Individual Therapy	25,894	30,491	56,185	64	89	78
1058	Crisis/Intervention Calls Telephone Crisis Calls		2	2		66	66
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			1			168
1060	Couple Therapy	18	171	189	189	206	205

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1061	Family Therapy	215	310	525	134	223	187
1062	Group Therapy	14,538	43,445	57,983	41	40	41
1063	ECT	900	912	1,812	304	292	298
1064	Medication Administration	8,250	6,671	14,921	92	104	97
1065	Patient Specific Consultations/Case Supervision	3,665	5,064	8,729	85	86	85
1066	Patient Specific Hearings			1			168
1067	Patient Specific Professional Reports and Applications			1			168
1068	Patient Specific Critical Incident Documentation			1			168
1069	Diagnostic Testing/Scoring Testing Type 1	279	395	674	195	497	372
1070	Diagnostic Testing/Scoring Testing Type 2	114	76	190	500	447	479
1071	Diagnostic Testing/Scoring Testing Type 3	3	3	6	601	1,028	814
1072	Therapeutic Milieu Programs Half Day	426	727	1,153	14	37	29
1073	Therapeutic Milieu Programs Full Day			1			168
1074	Mental Health Education 0-120 min	103	139	242	69	62	65
1075	Mental Health Education 121-240 min						
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	29,498	26,104	55,602	24	24	24
1102	OT Group 2	21,626	18,439	40,065	58	60	58
1103	OT Group 3	3,796	3,241	7,037	85	95	90
1104	OT Group 4	11,669	12,012	23,681	143	147	145
1105	OT Group 5	822	649	1,471	199	240	217
1106	OT Group 6	339	234	573	375	379	377
1111	Physical Therapy Group 1	44,098	47,349	91,447	30	31	30
1112	Physical Therapy Group 2	33,573	33,139	66,712	53	58	55
1113	Physical Therapy Group 3	6,729	6,171	12,900	66	75	70
1114	Physical Therapy Group 4	11,783	11,888	23,671	111	119	115
1115	Physical Therapy Group 5	425	328	753	173	191	181
1116	Physical Therapy Group 6	109	59	168	225	291	248
1121	Recreational Therapy Group 1	8,366	7,895	16,261	16	17	16
1122	Recreational Therapy Group 2	2,782	3,162	5,944	39	40	39
1123	Recreational Therapy Group 3	71	23	94	62	85	68

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1124	Recreational Therapy Group 4	1,069	1,059	2,128	91	90	91
1125	Recreational Therapy Group 5	31	19	50	144	145	144
1126	Recreational Therapy Group 6	4	2	6	239	260	246
1131	Speech-Language Pathology Group 1	36,356	36,131	72,487	51	50	51
1132	Speech-Language Pathology Group 2	4,767	4,206	8,973	145	161	153
1133	Speech-Language Pathology Group 3	483	77	560	65	171	80
1134	Speech-Language Pathology Group 4	3,249	1,803	5,052	138	186	155
1135	Speech-Language Pathology Group 5	4,273	1,111	5,384	133	263	160
1136	Speech-Language Pathology Group 6	144	70	214	187	426	265
1141	Audiology Group 1	3,193	109	3,302	24	26	25
1142	Audiology Group 2	3,288	2,227	5,515	86	146	110
1143	Audiology Group 3	4,217	3,105	7,322	188	236	209
1144	Audiology Group 4	127	263	390	399	623	550
1145	Audiology Group 5 - Cochlear Implant			1			168
1151	Resp Therapy Group 1	5,075	6,118	11,193	48	40	44
1152	Resp Therapy Group 2	7,745	11,220	18,965	90	76	82
1153	Resp Therapy Group 3	4,965	4,841	9,806	154	155	155
1154	Resp Therapy Group 4	4,436	4,799	9,235	213	194	203
1155	Resp Therapy Group 5	626	998	1,624	362	350	355
1156	Resp Therapy Group 6	492	658	1,150	458	432	443
1201	Clinical Nutrition Group 1	13,371	14,921	28,292	35	38	36
1202	Clinical Nutrition Group 2	11,215	12,959	24,174	58	64	61
1203	Clinical Nutrition Group 3	2,264	2,165	4,429	79	95	86
1204	Clinical Nutrition Group 4	6,495	6,540	13,035	142	162	152
1205	Clinical Nutrition Group 5	556	678	1,234	177	233	208
1206	Clinical Nutrition Group 6	60	125	185	241	346	312
1221	Social Work Group 1	21,164	16,005	37,169	47	42	45
1222	Social Work Group 2	8,016	8,743	16,759	100	112	106
1223	Social Work Group 3	642	773	1,415	178	238	211
1224	Social Work Group 4	184	171	355	252	335	292
1225	Social Work Group 5	20	18	38	400	444	421
1226	Social Work Group 6	1	2	4	301	1,280	970

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
1241	Psychology Group 1	20,364	15,741	36,105	49	49	49
1242	Psychology Group 2	3,640	4,217	7,857	185	162	173
1243	Psychology Group 3	291	442	733	242	260	252
1244	Psychology Group 4	1,903	1,892	3,795	362	407	384
1245	Psychology Group 5	19	26	45	533	592	567
1246	Psychology Group 6	8	10	18	343	697	539
1247	Psychology Group 7		346	346		164	164
1248	Psychology Group 8		247	247		339	339
1249	Psychology Group 9		114	114		643	643
2001	Critical Care Unit or O.R. with Secondary Diagnosis	505	524	1,029	434	418	426
2002	Critical Care Unit or O.R. without Secondary Diagnosis	820	1,034	1,854	372	374	373
2003	Other Unit with Secondary Diagnosis	5,327	4,773	10,100	384	360	373
2004	Other Unit without Secondary Diagnosis	9,944	8,816	18,760	323	319	321
2021	DOA	9	16	25	285	207	235
2022	Died During Visit	78	74	152	237	298	266
2023	Death - Organ Donor			2			56
2041	Patient Transferred with Secondary Diagnosis	561	481	1,042	491	400	449
2042	Patient Transferred without Secondary Diagnosis	716	678	1,394	431	340	387
2050	Diag Inv General Symptoms/Exam	5,856	5,333	11,189	231	224	227
2051	Management General Symptoms/Exam < 18 years	9,734	9,892	19,626	204	198	201
2052	Management General Symptoms/Exam 18 < 45 years	8,718	8,427	17,145	152	146	149
2053	Management General Symptoms/Exam 45 < 65 years	7,540	5,823	13,363	145	171	156
2054	Management General Symptoms/Exam 65+ years	8,154	9,304	17,458	165	144	154
2059	Prophylactic Vaccination	3,538	2,790	6,328	346	114	244
2060	Therapeutic Medical Counseling	4,815	24,636	29,451	116	49	60
2062	Preoperative Exam	29,841	27,696	57,537	210	206	208
2063	Private Practice Office Visit	5,709	4,742	10,451	24	33	29
2064	Therapy - No Intervention Code	5,808	1,451	7,259	36	143	57
2066	Contact/Carrier of Communicable Disease	964	602	1,566	149	155	151
2067	Health Hazard Related to Personal/Family History	722	817	1,539	1,391	1,202	1,291
2068	Routine Health Supervision	7,817	7,105	14,922	94	87	91
2069	Postsurgical Status	8,367	11,559	19,926	80	83	82

Schedule 6 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2001/2002	2000/2001	Blended	2001/2002	2000/2001	Blended
2070	Follow-up/Convalescence	16,773	13,215	29,988	73	79	76
2071	Screening Exam	4,506	4,007	8,513	168	190	178
2072	Screening Exam - Genetics	1,325	1,424	2,749	1,220	1,117	1,166
2073	Genetic Counselling	116,502	78,494	194,996	37	41	39
2081	Non Registered Service Recipients	591	1,838	2,429	244	110	143
2082	Mode of Service - Telephone						
2099	Patient Left Without Being Seen						

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
1.1	Nerve & Other, Local Anaesthetic	0.786200	1,895	1,069	123	0.54	67
1.2	Nerve & Other, General Anaesthetic	7.643143	988	529	1,278	0.47	596
1.3	Nerve & Other, Other Anaesthetic	4.801648	1,228	77	709	0.41	290
1.4	Nerve & Other, No Anaesthetic	3.901242	303	174	612	0.65	400
2	Spinal	2.350711	3,365	1,102	412	0.79	326
3	Nerve Injection	0.540590	2,649	1,777	89	1.57	140
4	Orbital & Other Eye	5.236280	6,344	3,274	823	0.77	635
5	Lens Interventions	4.011887	17,347	4,161	605	0.52	316
6	Iris & Other Eye	1.502273	468	202	237	1.83	433
7	Strabismus	7.924648	1,152	903	1,305	0.40	528
8	External Eye	1.437396	21,158	5,652	230	2.10	483
9	Bronch/Pharynx	6.093141	239	68	1,030	0.51	530
10	Tympanoplasty	7.711648	764	425	1,242	0.49	614
11	Sinus Interventions	8.377712	1,531	911	1,349	0.53	714
12	Other Sinus	6.200290	2,285	1,098	969	0.42	404
13	Tonsils & Adenoids 12+ years	5.687713	1,673	678	902	0.52	471
13.1	Tonsils & Adenoids 0 < 6 years	6.396160	921	587	1,074	0.43	457
13.2	Tonsils & Adenoids 6 < 12 years	6.535412	1,452	760	1,076	0.40	432
14	Nasal Interventions	2.848113	7,213	1,033	462	1.14	526
15	Other Respiratory	3.418705	149	45	570	0.94	534
16	External Ear 18 + years	1.572030	686	116	248	1.19	294
16.1	External Ear 0 < 1.5 years	3.358418	480	339	559	0.43	240
16.2	External Ear 1.5 < 6 years	3.283911	1,514	856	548	0.63	344
16.3	External Ear 6 < 12 years	3.388364	763	382	566	0.82	462
16.4	External Ear 12 < 18 years	3.407721	153	49	566	0.67	381
17	Respiratory Endoscopy - ENT	3.141751	4,448	2,125	529	0.78	414
18	Pacemaker Implant	40.775037	603	241	6,717	0.59	3,976
19	Cardiac Catheter 18 + years	10.392034	9,045	4,398	1,813	0.74	1,338
19.1	Cardiac Catheter 0 < 6 years	23.720964	123	101	4,517	0.42	1,920
19.2	Cardiac Catheter 6 < 18 years	20.777095	152	126	3,912	0.56	2,205
20	Angiography 18 + years	7.936478	2,859	1,577	1,299	0.47	607

Prepared by: Health Funding and Costing

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
20.1	Angiography 0 < 6 years	8.816935	3	3	1,600	0.55	875
20.2	Angiography 6 < 12 years	6.532244	6	6	1,213	0.38	463
20.3	Angiography 12 < 18 years	7.774008	20	13	1,422	0.64	913
21	Vascular Interventions 18 + years	6.370392	1,537	638	1,156	0.62	721
21.1	Vascular Interventions 0 < 18 years	7.655134	161	44	1,598	0.95	1,517
22	Other Vascular Interventions	6.194519	1,630	596	969	0.62	601
23.1	Lymphatic Interventions, Local Anaesthetic	1.222390	277	125	199	1.36	270
23.2	Lymphatic Interventions, General Anaesthetic	8.412041	574	334	1,408	0.48	672
23.3	Lymphatic Interventions, Other Anaesthetic	5.034084	42	23	901	0.36	323
23.4	Lymphatic Interventions, No Anaesthetic	5.481418	121	54	854	0.62	532
24	Minor Vascular	4.012603	1,783	440	668	0.79	530
25	Cholecystectomy	8.885990	2,924	1,843	1,413	0.38	541
26	Hernia	7.299458	5,569	2,838	1,182	0.37	432
27	ERCP	4.318355	2,135	981	736	0.61	445
28.1	Endoscopy GI - Low	1.167127	5,903	1,965	186	0.93	174
28.2	Endoscopy GI - Medium	1.968888	49,185	20,889	324	0.78	252
28.3	Endoscopy GI - High	2.146374	6,201	2,731	351	0.65	229
29.1	Ano-Rectal Interventions, Local Anaesthetic	0.741587	210	39	117	1.23	144
29.2	Ano-Rectal Interventions, General Anaesthetic	5.423882	1,135	390	846	0.41	345
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.211160	1,753	613	354	0.73	259
29.4	Ano-Rectal Interventions, No Anaesthetic	2.979393	581	176	451	0.70	314
30.1	Minor Anal Interventions, Local Anaesthetic	0.666912	478	54	108	1.12	121
30.2	Minor Anal Interventions, General Anaesthetic	5.696569	259	117	935	0.44	412
30.3	Minor Anal Interventions, Other Anaesthetic	1.819850	574	198	297	0.86	254
30.4	Minor Anal Interventions, No Anaesthetic	1.241601	3,393	1,152	202	1.04	210
31	Mechanical Implants	9.181174	45	34	1,507	0.35	533
32	Lithotripsy	5.054720	2,514	1,583	795	0.25	196
33	Upper Urinary Interventions	4.088586	2,105	775	652	0.72	468
34.1	Lower Uri & Genital	6.028342	1,228	789	1,020	0.50	506
34.2	Reconstruction, Vas Deferens	12.222669	42	16	1,945	0.28	553
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.311482	14,169	10,425	204	0.60	123

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.899020	1,963	1,352	800	0.46	369
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.523832	1,032	726	571	0.53	304
35.4	Bladder & Urethral Interventions, No Anaesthetic	2.020241	5,757	2,910	309	0.66	205
36.1	Vasectomy	1.837500	3,289	1,144	279	0.94	262
36.2	Other Male Genital Interventions	5.725493	817	559	948	0.34	321
37	Circumcision 18 + years	4.982118	340	196	789	0.41	321
37.1	Circumcision 0 < 1.5 years	1.522630	2,023	870	238	1.04	248
37.2	Circumcision 1.5 < 6 years	4.715959	294	141	789	0.28	219
37.3	Circumcision 6 < 12 years	4.938208	189	118	819	0.27	221
37.4	Circumcision 12 < 18 years	5.171895	83	43	849	0.24	206
38	Uro Diagnostic Interventions	1.171848	5,680	2,486	194	0.70	135
39	Uterus & Adnexal Intervention	7.104615	4,986	2,525	1,100	0.47	520
40	Endo & Gyn Interventions	4.502547	7,739	2,911	683	0.36	248
41	Minor Gyn Interventions	1.146246	14,246	3,941	176	1.27	222
42	Evacuations	2.752495	14,291	3,634	422	0.44	188
43	Maxillo-Facial	8.604550	439	124	1,394	0.59	828
44	Chest Wall Interventions	5.755244	542	253	929	0.60	558
45.1	Upper Extremity Interventions	7.866992	1,049	483	1,369	0.62	845
45.2	Shoulder Interventions	11.231984	1,179	433	1,667	0.40	664
46	Open Reductions	6.542405	1,742	732	1,038	0.44	459
47	Tendon & Muscle Interventions	5.897319	2,423	805	963	0.82	786
48	Closed Reductions	1.996318	8,123	1,359	351	0.75	264
49	Lower Extremity	5.133811	1,377	409	917	0.78	712
50	Knee Interventions	6.403095	8,137	3,256	975	0.47	461
51	Ankle & Foot	6.488916	761	287	1,033	0.64	657
52.1	Remove Int Fixation, Lower Extremity	5.827946	954	456	938	0.47	440
52.2	Other Removal, Int Fixation	1.765190	1,242	771	292	1.09	318
53	Soft Tissue Interventions	2.663989	4,417	1,338	427	1.00	426
54	Manipulations	0.862167	19,227	10,335	136	0.48	65
55	Mastectomy	3.922719	3,015	1,109	630	0.91	575
56.1	Augment/Reduc Breast Bilateral	10.699209	1,066	653	1,753	0.32	569

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
56.2	Augment/Reduc Breast Unilateral	8.634769	571	207	1,407	0.47	660
57	Breast Plastic Interventions	2.932462	339	104	476	1.05	498
58.1	Ear & Cleft Lip Reconstruction	7.720802	379	245	1,277	0.40	516
58.2	Face Rhytidectomy	21.861742	60	7	3,506	0.51	1,797
58.3	Other Plastic Reconstruction	2.153702	3,114	324	362	1.54	558
59.1	Skin Interventions, Local Anaesthetic	0.768911	52,700	5,582	126	0.73	92
59.2	Skin Interventions, General Anaesthetic	6.155443	2,668	1,128	1,012	0.45	458
59.3	Skin Interventions, Other Anaesthetic	1.487254	4,721	657	245	1.44	353
59.4	Skin Interventions, No Anaesthetic	1.042570	40,715	5,177	170	1.15	195
60	Dental Surgery	7.086523	9,121	1,418	1,210	0.56	680
61.1	Biopsy, Other	3.224765	1,564	710	591	0.84	496
61.2	Biopsy, Percutaneous	3.109146	7,516	2,936	518	0.88	458
62	Hemodialysis	1.605897	152,761	73,436	305	0.22	68
62.1	Home Hemodialysis Teaching	10.265706	416		1,751	0.57	1,005
62.2	Selfcare Hemodialysis	1.000000	957		168	-	-
63	Transfusions	2.488042	18,482	4,872	423	0.96	406
64	Cardioversion	5.544096	1,341	328	896	0.58	524
65	Chemotherapy Oncology	1.193926	2,093	662	223	0.64	143
66	Myelogram	2.913843	399	129	454	0.35	159
68	Thyroid Interventions	8.598288	49	23	1,505	0.65	971
69	Parotid Duct Interventions	9.970768	106	65	1,644	0.61	1,009
70	Appendectomy	11.030403	51	17	1,922	0.44	847
71	Gastro-Intestinal Related Interventions	1.251275	4,119	2,098	220	0.90	197
72	Peritoneal Dialysis	2.375787	959	649	453	0.72	327
72.1	Home Peritoneal Dialysis Teaching	0.713847	1,766	1,416	136	1.30	177
73	Hos Visit Including Diagnostic Investigation of vascular Sys	1.567306	8	1	281	0.42	118
74	Hospital Visit Including Nuclear Imaging	3.592929	29,320	8,384	606	0.51	307
75	Hospital Visit Including CAT Scan	2.026220	105,070	38,196	344	0.82	281
76	Hospital Visit Including MRI	3.688236	44,440	22,510	557	0.52	291
77	Hopsital Visit Radiotherapy	1.569994	6		268	-	-
78	Chest Xray	0.569461	60,666	12,247	87	0.90	78

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
79	Other Xray	0.716114	159,823	26,367	108	0.93	100
80	Mammogram	1.200998	4,083	851	155	0.46	71
81	Ultrasound	1.563076	59,344	17,468	236	0.55	130
82.1	Extensive Sleep Studies	5.606160	1,427	1,130	1,069	0.19	200
82.2	Other Sleep Labs	2.248276	212	84	425	0.68	290
201	Diag Inv General Cardiac 0 < 12 years	1.233891	1,696	337	230	0.43	99
203	Diag Inv General Cardiac 12 < 18 years	1.338247	813	162	246	0.52	128
205	Diag Inv General Cardiac 18+ years	1.291191	15,808	6,939	218	0.77	168
206	Management General Cardiac 0 < 1.5 years	0.547386	1,299	231	101	0.70	71
207	Management General Cardiac 1.5 < 12 years	0.540593	3,044	736	101	0.67	68
208	Management General Cardiac 12 < 18 years	0.505757	1,630	343	92	0.76	70
210	Management General Cardiac 18+ years	0.514915	49,084	25,800	87	1.05	91
213	Dysrhythmia & Conductive Disorders	1.368998	15,130	3,811	232	1.19	276
214	Congestive Heart Failure	0.704106	5,871	2,563	126	1.06	134
215	Inflammatory Cardiac	0.861624	320	110	142	1.20	169
216	Congenital Heart Disease	1.330791	3,735	1,686	255	0.63	159
217	Diag Inv Angina	1.588961	4,144	1,570	295	0.78	229
218	Management Angina	0.339270	16,006	10,993	60	1.18	71
219	Diag Inv Vascular	1.894256	1,581	390	350	0.66	233
220	Management Vascular	0.566368	8,178	1,761	95	1.51	144
251	Diag Inv General Endocrinal 0 < 18 years	1.336624	254	139	250	0.75	189
254	Diag Inv General Endocrinal 18 + years	1.701396	166	42	309	1.02	315
255	Management General Endocrinal 0 < 1.5 years	0.601145	516	175	103	1.14	117
256	Management General Endocrinal 1.5 < 6 years	0.450362	693	282	79	1.04	83
257	Management General Endocrinal 6 < 18 years	0.458326	1,696	589	83	1.23	102
258	Management General Endocrinal 18 + years	0.630614	7,243	3,648	111	2.63	293
259	Management Diabetes < 18 years	1.210231	4,377	1,933	228	0.63	143
260	Management Diabetes 18 + years	0.621135	28,611	15,998	100	0.75	75
262	Thyrotoxicosis	0.658512	1,182	781	122	1.62	198
264	Management Ketoacidosis	2.262879	113	27	402	1.06	428
266	Fluid & Electrolyte < 6 years	1.643176	506	194	298	0.86	257

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
267	Fluid & Electrolyte 6 + years	1.190958	5,820	1,823	209	0.81	168
301	Diag Inv General ENT	1.181014	8,422	1,441	205	0.61	126
303	Management General ENT	0.721819	132,541	15,981	117	3.00	352
305	Otitis Media	0.509950	38,441	5,141	84	0.74	62
306	Epistaxis	0.668813	3,357	456	115	0.76	87
351	Diag Inv General Female Genital Disorders < 45 years	2.358538	1,485	146	434	0.63	274
352	Diag Inv General Female Genital Disorders 45 + years	1.207284	320	104	207	0.95	198
353	Management General Female Genital Disorders < 18 years	0.603462	2,325	296	100	0.93	93
354	Management General Female Genital Disorders 18 < 45 years	0.397965	18,026	5,812	62	1.90	118
355	Management General Female Genital Disorders 45 + years	0.480806	6,562	3,293	74	1.09	81
356	Management Contraceptive	0.384122	5,267	1,857	60	0.74	45
357	Diag Inv General Male Genital Disorders < 18 years	1.957057	141	67	360	0.45	162
358	Diag Inv General Male Genital Disorders 18 + years	2.071568	407	63	382	0.48	183
359	Management General Male Genital Disorders < 18 years	0.554005	2,662	464	95	1.02	97
360	Management General Male Genital Disorders 18 + years	0.354567	6,134	1,889	55	1.92	105
361	Diag Inv Other Genitourological Disorders < 18 years	1.920715	689	197	343	0.78	266
362	Diag Inv Other Genitourological Disorders 18 + years	1.706575	7,169	708	302	0.81	245
363	Management Other Genitourological Disorders < 18 years	0.676845	12,167	2,308	116	0.92	106
364	Management Other Genitourological Disorders 18 + years	0.544940	62,896	12,111	96	1.27	122
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.600955	621	304	285	0.85	243
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.299957	863	353	227	0.70	159
402	Diag Inv General Gastrointestinal 6 < 18 years	1.602397	2,826	784	281	0.70	197
403	Diag Inv General Gastrointestinal 18 < 45 years	2.348424	10,017	888	430	0.58	247
404	Diag Inv General Gastrointestinal 45 < 65 years	2.293092	5,041	517	418	0.56	234
405	Diag Inv General Gastrointestinal 65 + years	2.336033	4,217	415	422	0.98	412
406	Management General Gastrointestinal 0 < 1.5 years	0.603579	11,462	3,298	103	0.99	102
407	Management General Gastrointestinal 1.5 < 6 years	0.605282	11,657	3,005	104	1.02	106
408	Management General Gastrointestinal 6 < 18 years	0.591824	18,955	3,828	101	1.01	102
409	Management General Gastrointestinal 18 < 45 years	0.608653	58,250	7,244	99	1.13	113
410	Management General Gastrointestinal 45 < 65 years	0.569036	26,954	5,534	92	1.26	116
411	Management General Gastrointestinal 65 + years	0.604067	16,028	2,532	97	1.44	140

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
412	Constipation with Disimpaction	1.704115	2,265	243	317	0.75	239
413	GI Bleed/Perforation/Obstruction	0.971080	4,221	771	170	1.22	207
451	Diag Inv Hematological	1.875825	839	364	342	0.87	297
452	Management Hematological 0 < 6 years	1.095847	1,203	516	202	0.87	175
453	Management Hematological 6 < 12 years	1.452536	994	384	270	0.88	238
454	Management Hematological 12 < 18 years	1.213102	742	386	230	1.11	256
455	Management Hematological 18 < 65 years	0.934667	8,172	4,975	172	1.07	185
456	Management Hematological 65 + years	0.809786	3,233	1,844	146	0.99	144
501	Diag Inv Hepatobiliary	2.450242	1,947	251	450	0.63	284
502	Management Hepatobiliary	0.456997	10,858	3,824	78	1.34	104
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	2.051005	53	6	354	0.65	229
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	1.467471	127	27	258	0.79	204
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	1.613062	201	39	286	1.21	346
555	Diag Inv Inflam Musculoskeletal 18 + years	1.370557	5,156	1,172	239	0.75	179
556	Diag Inv Other Musculoskeletal < 18 years	0.775171	13,998	3,736	135	0.71	95
557	Diag Inv Other Musculoskeletal 18 + years	0.854485	46,272	19,436	144	0.67	96
558	Management Inflam Musculoskeletal 0 < 6 years	0.566371	334	82	103	1.12	116
560	Management Inflam Musculoskeletal 6 < 12 years	0.531910	564	139	97	1.08	105
561	Management Inflam Musculoskeletal 12 < 18 years	0.485284	855	184	87	1.48	129
562	Management Inflam Musculoskeletal 18 + years	0.367483	29,007	11,669	65	1.31	85
563	Management Other Musculoskeletal < 18 years	0.304887	17,679	3,375	51	1.76	90
564	Management Other Musculoskeletal 18 + years	0.224858	92,343	26,172	37	1.76	65
565	Diag Inv Congenital Musculoskeletal Deformities	1.227481	491	47	220	0.81	178
566	Management Congenital Musculoskeletal Deformities	0.581826	2,709	390	108	1.24	134
567	Diag Inv Other Inflam Musculoskeletal	1.154616	2,569	263	192	0.58	111
568	Management Other Inflam Musculoskeletal	0.324488	11,692	1,804	51	1.45	74
569	Infectious Musculoskeletal	0.552087	2,461	1,080	91	1.45	131
601	Diag Inv General Neurology	1.488444	1,647	488	268	0.64	172
602	Management General Neurology 0 < 6 years	0.718945	2,622	903	134	0.87	117
603	Management General Neurology 6 < 12 years	0.740014	2,025	684	138	0.77	107
604	Management General Neurology 12 < 18 years	0.615982	1,745	399	113	1.25	141

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
605	Management General Neurology 18 < 65 years	0.596048	13,697	4,820	104	1.85	191
606	Management General Neurology 65 + years	0.649832	4,738	1,510	118	1.16	136
607	Migraine Headache	0.641439	25,257	2,302	103	0.95	98
608	Diag Inv Headache	1.257961	580	69	221	0.73	161
609	Management Headache	0.568326	15,352	1,730	98	0.96	94
610	Diag Inv Meningitis	2.097874	9	-	410	0.82	335
611	Management Meningitis	0.714357	298	131	122	1.18	145
612	Diag Inv Cerebrovascular	1.948409	1,640	302	349	0.60	211
613	Management Cerebrovascular	1.091921	11,639	2,486	187	1.76	329
614	Diag Inv Convulsions	1.203708	933	530	193	0.77	149
615	Management Convulsions	0.587248	8,491	3,493	106	1.18	125
616	Diag Inv Vertigo	1.778806	520	52	313	0.58	182
617	Management Vertigo	0.872331	8,574	1,031	154	0.78	120
651	Antepartum Routine	0.950280	8,516	886	164	1.04	171
652	Postpartum Routine	0.943321	803	82	165	0.94	155
653	Diag Inv Neonatal & Congenital	1.443826	190	90	246	0.50	124
654	Management Neonatal & Congenital	0.847440	4,760	951	149	1.08	160
656	Delivery with Postpartum Complications	0.927402	12	1	151	0.70	106
657	Delivery without PostpartumComplications	0.639908	51	1	93	1.13	105
658	Postpartum Conditions Outcomes Uncomplicated	0.672667	3,248	521	103	1.02	105
659	Diag Inv Pregnancy with Abortive	3.064140	801	32	549	0.54	295
660	Management Pregnancy with Abortive Outcomes Uncomp	1.557118	2,401	110	235	1.32	309
662	Diag Inv Antepartum	2.081927	4,305	2,831	321	0.52	168
663	Management Antepartum	0.539607	32,668	12,621	83	0.87	72
664	Diag Inv Pregnancy with Abortive Outcomes Complica	3.604613	84	5	677	0.28	191
665	Management Pregnancy with AbortiveOutcomes Complic	1.143242	371	17	207	0.54	113
701	Diag Inv Oncological	1.611490	1,152	283	269	0.88	237
702	Management Oncological	0.760099	12,713	2,221	124	1.97	244
703	Radiotherapy (Includes diagnosis code V58.0)	0.659671	17	6	111	0.48	53
704	IV Therapy – Non Cancer Related	0.673496	133,463	22,843	102	0.83	85
751	Diag Inv Ophthalmology 0 < 12 years	1.318076	75	34	212	0.49	104

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
752	Diag Inv Opthalmology 12 < 18 years	1.324902	64	38	213	0.42	89
753	Diag Inv Ophthalmology 18 < 45 years	1.387131	1,136	786	217	0.59	128
754	Diag Inv Ophthalmology 45 + years	1.344533	7,029	5,984	210	0.32	68
755	Management Ophthalmology 0 < 12 years	0.436448	19,963	4,150	79	0.71	56
756	Management Ophthalmology 12 < 18 years	0.443422	4,175	1,095	76	0.72	54
757	Management Ophthalmology 18 < 45 years	0.480533	20,284	6,216	78	1.03	80
758	Management Ophthalmology 45 + years	0.494210	33,739	21,933	78	0.94	73
801	Diag Inv Psychiatry	1.577983	1,326	271	278	0.58	161
802	Management Psychiatry	0.546461	191,778	64,788	97	1.09	105
803	Drug & Alcohol Related Conditions	0.981288	15,450	2,204	164	0.89	146
851	Diag Inv General Respiratory < 18 years	1.299365	7,960	2,151	224	0.60	134
852	Diag Inv General Respiratory 18 + years	1.647371	26,429	2,926	284	0.60	171
853	Management General Respiratory 0 < 1.5 years	0.756227	7,564	2,108	131	1.10	144
854	Management General Respiratory 1.5 < 6 years	0.769329	12,953	3,563	133	1.12	149
855	Management General Respiratory 6 < 18 years	0.773252	15,237	3,152	133	1.01	134
856	Management General Respiratory 18 < 65 years	0.682518	38,167	4,520	116	0.99	114
857	Management General Respiratory 65 + years	0.883864	10,109	1,311	158	0.86	135
863	Diag Inv Severe Respiratory Disease	1.902341	610	312	320	0.32	104
864	Management Severe Respiratory Disease	1.465407	4,300	806	248	0.38	94
901	Diag Inv Skin & Soft Tissue	1.014103	6,414	2,293	171	0.67	114
902	Management Skin & Soft Tissue	0.463402	130,996	24,100	75	1.22	91
906	Cellulitis	0.678944	20,821	4,142	111	1.02	113
951	Diag Inv Systemic Infection	1.484382	3,153	785	264	0.64	170
952	Management Systemic Infection < 18 years	0.634356	17,382	4,996	109	0.88	96
953	Management Systemic Infection 18 < 45 years	0.628919	4,354	503	114	0.86	98
954	Management Systemic Infection 45 + years	0.556337	1,652	353	98	1.15	113
955	Diag Inv AIDS	1.549967	99	77	294	0.70	205
956	Management AIDS	0.696213	1,823	1,564	131	0.95	125
999	Ungroupable	0.628605	88	40	109	1.52	166
1001	Open Fracture Fingers & Toes	1.151741	419	42	200	0.41	83
1002	Closed Fracture Fingers & Toes	0.623745	7,255	1,247	108	0.69	74

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
1003	Fractured Nose, Open & Closed	0.710380	1,548	153	118	0.92	108
1004	Open Fracture & Dislocations Other	1.688040	235	42	302	1.14	344
1005	Closed Fracture & Dislocations Other	1.083455	48,533	5,129	184	0.79	145
1007	Open Wounds without Complications	0.659763	30,831	3,541	107	0.90	96
1008	Open Wound with Complications	0.775193	2,621	269	126	1.14	144
1009	Sprains	0.954120	80,909	4,756	159	0.76	120
1010	Contusions Fingers/Toes	0.731749	6,659	323	119	0.73	86
1011	Contusions except Fingers/Toes	1.006372	51,797	2,960	171	0.85	146
1012	Open Wound Eye	0.524087	898	209	85	1.01	86
1013	Foreign Body Eyes, Ears, Nose	0.494147	5,719	496	80	0.70	56
1014	Foreign Body except Eyes, Ears, Nose	0.954161	2,923	498	165	0.84	139
1015	Diag Inv Poisoning	2.027507	762	88	364	0.54	195
1016	Management Poisoning	1.200729	10,456	1,005	208	0.88	183
1017	Amputation except Fingers/Toes	0.249430	2	1	37	1.03	39
1018	Abuse/Sexual Assault 0 < 12 years	2.154738	416	134	412	0.96	396
1019	Abuse/Sexual Assault 12+ years	2.018185	616	66	378	1.00	377
1020	Burn Moderate to Severe	0.632266	611	41	108	1.11	119
1021	Minor Other Injuries	0.829463	31,716	5,906	133	0.92	123
1022	Moderate Other Injuries	3.605382	3,962	768	594	2.12	1,258
1024	Comas	1.722949	38	4	325	0.78	255
1025	Shock	1.150693	687	105	201	0.77	154
1026	Open Spinal Fracture & Dislocation	2.847698	5	1	442	0.17	73
1027	Closed Spinal Fracture & Dislocation	1.605657	1,136	108	275	0.56	154
1028	Diag Inv Head Injury	1.683421	1,371	158	275	0.49	135
1029	Management Head Injury	0.507971	4,266	998	90	0.94	85
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.849019	396	33	330	0.59	196
1031	Management Thoraco-Abdominal & Major Vascular	0.694041	4,357	432	117	0.89	104
1032	Burn Minor 0 < 6 years	0.681350	1,139	206	114	0.70	80
1033	Burn Minor 6 + years	0.631766	6,113	453	108	0.74	81
1034	Diag Inv Major Other Injuries	1.630317	124	22	273	0.53	145
1035	Management Major Other Injuries	1.487108	526	79	252	1.43	361

Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
1051	Assessment Referral	0.911406	1,966	909	172	0.64	110
1052	Assessment Intake	0.978607	5,720	1,097	172	0.80	138
1053	Assessment Collateral	0.823114	527	54	143	0.71	101
1054	Legal Assessment Half Day	1.000000	17		168	-	-
1055	Legal Assessment Full Day	1.000000	6		168	-	-
1056	Assessment Specialized	1.112108	1,011	46	195	0.58	113
1057	Individual Therapy	0.449610	63,172	25,694	78	1.02	79
1058	Crisis/Intervention Calls Telephone Crisis Calls	0.422569	108	-	66	0.28	19
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1.000000	419		168	-	-
1060	Couple Therapy	1.192660	1,292	18	205	0.37	76
1061	Family Therapy	1.089283	3,449	215	187	0.64	119
1062	Group Therapy	0.238832	56,578	14,538	41	0.84	34
1063	ECT	1.944100	1,806	900	298	0.51	151
1064	Medication Administration	0.525681	29,540	8,250	97	0.62	61
1065	Patient Specific Consultations/Case Supervision	0.570265	6,795	3,665	85	0.97	83
1066	Patient Specific Hearings	1.000000	18		168	-	-
1067	Patient Specific Professional Reports and Applications	1.000000	2,031		168	-	-
1068	Patient Specific Critical Incident Documentation	1.000000	29		168	-	-
1069	Diagnostic Testing/Scoring Testing Type 1	2.121220	523	279	372	1.04	387
1070	Diagnostic Testing/Scoring Testing Type 2	3.103851	330	114	479	0.67	322
1071	Diagnostic Testing/Scoring Testing Type 3	5.478851	229	3	814	0.41	335
1072	Therapeutic Milieu Programs Half Day	0.147650	17,180	426	29	1.08	31
1073	Therapeutic Milieu Programs Full Day	1.000000	561		168	-	-
1074	Mental Health Education 0-120 min	0.418273	837	103	65	0.66	43
1075	Mental Health Education 121-240 min	-					
1076	Mental Health Education 241-360 min	-					
1077	Mental Health Education 361-480 min	-					
1101	OT Group 1	0.130946	43,580	29,498	24	1.09	26
1102	OT Group 2	0.328276	42,012	21,626	58	0.83	48
1103	OT Group 3	0.541814	12,544	3,796	90	0.94	84
1104	OT Group 4	0.827318	38,628	11,669	145	1.05	152

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
1105	OT Group 5	1.405836	8,532	822	217	0.84	182
1106	OT Group 6	2.296306	7,425	339	377	0.76	285
1111	Physical Therapy Group 1	0.175410	387,096	44,098	30	0.83	25
1112	Physical Therapy Group 2	0.344924	366,712	33,573	55	0.60	33
1113	Physical Therapy Group 3	0.434798	69,979	6,729	70	0.68	48
1114	Physical Therapy Group 4	0.669219	134,233	11,783	115	0.52	60
1115	Physical Therapy Group 5	1.064745	12,010	425	181	0.57	103
1116	Physical Therapy Group 6	1.420464	4,119	109	248	0.51	127
1121	Recreational Therapy Group 1	0.086792	11,764	8,366	16	0.56	9
1122	Recreational Therapy Group 2	0.220092	5,499	2,782	39	0.47	18
1123	Recreational Therapy Group 3	0.402646	1,697	71	68	0.51	34
1124	Recreational Therapy Group 4	0.488730	2,910	1,069	91	0.54	49
1125	Recreational Therapy Group 5	0.763898	3,617	31	144	0.43	61
1126	Recreational Therapy Group 6	1.301566	606	4	246	0.29	71
1131	Speech-Language Pathology Group 1	0.268906	68,568	36,356	51	0.74	37
1132	Speech-Language Pathology Group 2	0.814690	58,239	4,767	153	0.52	80
1133	Speech-Language Pathology Group 3	0.565987	5,613	483	80	1.19	95
1134	Speech-Language Pathology Group 4	1.084264	34,043	3,249	155	0.73	113
1135	Speech-Language Pathology Group 5	1.001450	26,350	4,273	160	0.86	137
1136	Speech-Language Pathology Group 6	1.707236	7,619	144	265	0.82	217
1141	Audiology Group 1	0.131150	5,450	3,193	25	0.39	10
1142	Audiology Group 2	0.682579	7,537	3,288	110	0.62	68
1143	Audiology Group 3	1.217299	11,517	4,217	209	0.67	139
1144	Audiology Group 4	2.924572	377	127	550	0.49	272
1145	Audiology Group 5 - Cochlear Implant	1.000000	35		168	-	-
1151	Resp Therapy Group 1	0.267707	12,629	5,075	44	1.39	61
1152	Resp Therapy Group 2	0.505737	18,002	7,745	82	0.85	70
1153	Resp Therapy Group 3	1.007963	11,624	4,965	155	0.71	109
1154	Resp Therapy Group 4	1.333988	16,030	4,436	203	0.78	159
1155	Resp Therapy Group 5	2.234463	2,581	626	355	0.59	209
1156	Resp Therapy Group 6	2.863197	1,228	492	443	0.83	367

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
1201	Clinical Nutrition Group 1	0.214085	19,915	13,371	36	1.11	40
1202	Clinical Nutrition Group 2	0.371569	25,157	11,215	61	0.71	44
1203	Clinical Nutrition Group 3	0.518348	8,045	2,264	86	0.61	53
1204	Clinical Nutrition Group 4	0.951218	17,707	6,495	152	0.60	91
1205	Clinical Nutrition Group 5	1.310529	2,998	556	208	0.57	118
1206	Clinical Nutrition Group 6	1.844206	1,179	60	312	0.64	199
1221	Social Work Group 1	0.242315	24,584	21,164	45	0.88	39
1222	Social Work Group 2	0.605298	17,674	8,016	106	0.69	73
1223	Social Work Group 3	1.211095	3,102	642	211	0.56	117
1224	Social Work Group 4	1.652586	2,772	184	292	0.65	191
1225	Social Work Group 5	2.471758	836	20	421	0.47	197
1226	Social Work Group 6	5.697045	624	1	970	0.52	506
1241	Psychology Group 1	0.259201	22,327	20,364	49	0.71	35
1242	Psychology Group 2	0.912905	8,200	3,640	173	0.46	80
1243	Psychology Group 3	1.335127	2,265	291	252	0.40	102
1244	Psychology Group 4	2.029652	4,394	1,903	384	0.40	154
1245	Psychology Group 5	2.999736	1,293	19	567	0.54	307
1246	Psychology Group 6	2.843213	520	8	539	0.55	299
1247	Psychology Group 7	0.865772	22	-	164	0.65	107
1248	Psychology Group 8	1.790022	5	-	339	0.29	98
1249	Psychology Group 9	3.395468		-	643	0.13	85
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2.497715	4,132	505	426	0.73	309
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.171438	6,916	820	373	0.82	305
2003	Other Unit with Secondary Diagnosis	2.124928	51,291	5,327	373	1.07	400
2004	Other Unit without Secondary Diagnosis	1.816990	75,760	9,944	321	0.77	247
2021	DOA	1.523166	583	9	235	0.65	154
2022	Died During Visit	1.665575	759	78	266	0.97	259
2023	Death - Organ Donor	0.326900			56	-	-
2041	Patient Transferred with Secondary Diagnosis	2.740580	7,993	581	449	0.79	356
2042	Patient Transferred without Secondary Diagnosis	2.342782	10,917	716	387	0.82	319
2050	Diag Inv General Symptoms/Exam	1.256245	17,538	5,856	227	0.91	207

Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2001/2002 Activity	2001/2002 Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation
2051	Management General Symptoms/Exam < 18 years	1.077162	36,910	9,734	201	1.45	292
2052	Management General Symptoms/Exam 18 < 45 years	0.857715	43,711	8,718	149	1.26	188
2053	Management General Symptoms/Exam 45 < 65 years	0.895399	24,055	7,540	156	1.40	218
2054	Management General Symptoms/Exam 65+ years	0.865400	21,034	8,154	154	1.32	202
2059	Prophylactic Vaccination	1.525779	17,911	3,538	244	2.06	502
2060	Therapeutic Medical Counseling	0.340248	35,722	4,815	60	1.82	109
2062	Preoperative Exam	1.277105	66,609	29,841	208	0.72	151
2063	Private Practice Office Visit	0.164109	25,176	5,709	29	2.21	63
2064	Therapy - No Intervention Code	0.283455	59,712	5,808	57	1.47	84
2066	Contact/Carrier of Communicable Disease	0.827744	2,128	964	151	1.01	153
2067	Health Hazard Related to Personal/Family History	7.916146	1,261	722	1,291	1.44	1,856
2068	Routine Health Supervision	0.515173	10,419	7,817	91	1.56	141
2069	Postsurgical Status	0.474443	71,079	8,367	82	1.39	113
2070	Follow-up/Convalescence	0.428372	34,683	16,773	76	1.43	108
2071	Screening Exam	0.984233	8,256	4,506	178	0.54	96
2072	Screening Exam - Genetics	-					
2073	Genetic Counselling	6.115537	1,412	1,325	1,166	0.48	564
2081	Non Registered Service Recipients	-	2,532				
2082	Mode of Service - Telephone	0.221742	232,465	116,502	39	1.21	47
2099	Patient Left Without Being Seen	0.797071	8,166	591	143	1.01	144

Schedule 8 – Ambulatory Care Low Volume Cells

ACCS Group	Description	Activity 2001/2002	Total Costed Cases	Costed Cases from		Alberta Cases Used as Top-Up			Manual Top-Up
				2001/2002	2000/2001	1999/2000	1998/1999	1997/1998	
62.1	**Home Hemodialysis Teaching**	**416**	**5**				**5**		
62.2	Selfcare Hemodialysis	957	1						1
73	**Hos Visit Including Diagnostic Investigation of vascular Sys**	**8**	**5**	**1**	**3**	**1**			
77	Hospital Visit Radiotherapy	6	1				1		
656	**Delivery with Postpartum Complications**	**12**	**5**	**1**	**2**		**2**		
657	Delivery without PostpartumComplications	51	5	1	4				
1017	**Amputation except Fingers/Toes**	**2**	**2**	**1**	**1**				
1026	Open Spinal Fracture & Dislocation	5	2	1			1		
1054	**Legal Assessment Half Day**	**17**	**1**						**1**
1055	Legal Assessment Full Day	6	1						1
1058	**Crisis/Intervention Calls Telephone Crisis Calls**	**108**	**2**		**2**				
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	419	1						1
1066	**Patient Specific Hearings**	**18**	**1**						**1**
1067	Patient Specific Professional Reports and Applications	2,031	1						1
1068	**Patient Specific Critical Incident Documentation**	**29**	**1**						**1**
1073	Therapeutic Milieu Programs Full Day	561	1						1
1145	**Audiology Group 5 - Cochlear Implant**	**35**	**1**						**1**
1226	Social Work Group 6	624	4	1	2	1			
2023	**Death - Organ Donor**	-	**2**			**2**			